NOELLE®

Maternal and Neonatal Birthing Simulator

S554.100

Gaumard®
Simulators for Health Care Education

NOELLE is an interactive educational system developed to assist a certified instructor. It is not a substitute for a comprehensive understanding of the subject matter and not intended for clinical decision making.

User Guide 12.5.1

© Gaumard Scientific Company, 2012
All Rights Reserved

www.Gaumard.com

Contents

Contents **3**

End User License Agreement **5**

Care and Cautions **7**

Overall Warnings 8

Getting Started **10**

Overview 11
Terminology 11

Equipment Set-up **12**

Leg Assembly 13
NOELLE Power Supply 13
Newborn Power Supply 13
Control Computer 13
Virtual Monitor 14

Working with GaumardUI **16**

Initializing the simulator 17
The Environment 19
Details 21
Lab 26
Scenarios 32
Labor 49
Model (Newborn) 69
Evaluation Form 77
Menus 84

Working with NOELLE **98**

Airway 99
Breathing 99
Circulation 99
Obstetrics 101
Systemic 112
Other 112

Working with Newborn **113**

Airway 114
Breathing 114
Cardiac 114
Circulation 114
Cephalic 114
Systemic 114
Other 115

Appendix 116

Factory Preset Labor Scenarios 117
Tips on Creating Scenarios 181
Troubleshooting 183
Selected Consumables and Replacements Parts 191
Warranty 195
Contact Us 196

End User License Agreement

This is a legal agreement between you, the end user, and Gaumard® Scientific Company, Inc. (“Gaumard”). This software is protected by copyright laws and remains the sole property of Gaumard. By installing the GaumardUI simulation (the "Software") media, you agree to be bound by the terms of this agreement. If you do not agree to the terms of this agreement, promptly return the uninstalled media and accompanying items to Gaumard at the address indicated below.

1. Grant of License. Gaumard hereby grants to you (an individual or institution) the right to install and activate the Software on one computer for use with one Code Blue III Interactive patient simulator system. The software may also be installed on any number of other computers at the same institution so that students may access the learning resources. One copy of the software may be made for backup purposes. You may not network this Software, or allow multiple users unless you purchased a multi-user workstation license. Sharing this Software with other individuals or allowing other individuals to view the contents of this Software is in violation of this license.

2. Copyright. The Software is owned by Gaumard and protected by United States copyright laws and international treaty provisions. Therefore, you must treat this Software like any other copyrighted material. You may not make this Software or copies thereof available in any manner or form or use, copy or transfer the Software, in whole or in part, except as provided herein.

3. Other Restrictions. You may not rent or lease this Software to any other party. You may not alter, merge, modify, adapt, reverse engineer, decompile or disassemble the software, or disclose the contents of this Software to any other party.

4. Electronic Transmission of Software. If you received the Software by electronic transmission or by Internet delivery, by installation of the Software, you acknowledge that you have read and understand this license agreement and agree to be bound by its terms and conditions.

5. Term of Agreement. The term of this Agreement and the license granted to you pursuant hereto shall commence upon installation of this Software. This Agreement and the license granted herein may otherwise be terminated by Gaumard in the event that you are in breach of any provision of this Agreement. In the event of termination, you agree to immediately return this Software, accompanying items, and any copies thereof to Gaumard.

6. LIMITED WARRANTY

(A) THE CD-ROM MEDIA (THE "MEDIA") WHICH CONTAINS THIS SOFTWARE IS WARRANTED, FOR A PERIOD OF 30 DAYS FROM THE DATE OF PURCHASE, TO BE FREE FROM DEFECTS IN MATERIAL AND WORKMANSHIP. ELECTRONIC TRANSMISSION IS WARRANTED TO BE FREE FROM DEFECTS AT THE MOMENT OF TRANSMISSION. YOUR SOLE AND EXCLUSIVE REMEDY, AND GAUMARD'S SOLE LIABILITY, IS TO REPLACE THE DEFECTIVE MEDIA OR TO REPEAT THE ELECTRONIC TRANSMISSION PROVIDED THAT YOU NOTIFY GAUMARD IN WRITING OF SUCH DEFECT OR DEFECTIVE TRANSMISSION AND RETURN THE DEFECTIVE MEDIA, IF ANY, DURING THE 30-DAY WARRANTY PERIOD.

(B) EXCEPT AND TO THE EXTENT EXPRESSLY PROVIDED IN PARAGRAPH (A), THE SOFTWARE AND ACCOMPANYING WRITTEN MATERIALS ARE PROVIDED ON AN "AS IS" BASIS, WITHOUT ANY WARRANTIES OF ANY KIND, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE. NO ORAL OR WRITTEN INFORMATION OR ADVICE GIVEN BY GAUMARD, ITS DEALERS, DISTRIBUTORS, AGENTS OR EMPLOYEES SHALL CREATE A WARRANTY OR IN ANY WAY INCREASE THE SCOPE OF THIS WARRANTY, AND YOU MAY NOT RELY ON ANY SUCH INFORMATION OR ADVICE. GAUMARD DOES NOT WARRANT, GUARANTEE, OR MAKE ANY REPRESENTATIONS REGARDING THE USE OR THE RESULTS OF USE, OF THE SOFTWARE OR WRITTEN MATERIALS IN TERMS OF CORRECTNESS, ACCURACY, RELIABILITY, CURRENTNESS, OR OTHERWISE, AND THE ENTIRE RISK AS TO THE RESULTS AND PERFORMANCE OF THE SOFTWARE IS ASSUMED BY YOU. IF THE SOFTWARE OR WRITTEN MATERIALS ARE DEFECTIVE, YOU AND NOT GAUMARD OR ITS DEALERS, DISTRIBUTORS, AGENTS, OR EMPLOYEES, ASSUME THE ENTIRE COST OF ALL NECESSARY SERVICING, REPAIR OR CORRECTION OTHER THAN EXPRESSLY DESCRIBED ABOVE.

(C) NEITHER GAUMARD NOR ANYONE ELSE WHO HAS BEEN INVOLVED IN THE CREATION, PRODUCTION OR DELIVERY OF THIS PRODUCT SHALL BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES (INCLUDING DAMAGES FOR LOSS OF BUSINESS PROFITS, BUSINESS INTERRUPTION, LOSS OF BUSINESS INFORMATION, AND THE LIKE) ARISING OUT OF THE USE OR INABILITY TO USE SUCH PRODUCT OR RELATED TO THIS AGREEMENT EVEN IF GAUMARD HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. GAUMARD SHALL NOT BE LIABLE TO YOU FOR ANY INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OR LOST PROFITS ARISING OUT OF OR RELATED TO THIS AGREEMENT OR YOUR USE OF THE SOFTWARE AND/OR THE RELATED DOCUMENTATION, EVEN IF GAUMARD HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL GAUMARD'S LIABILITY HERE UNDER, IF ANY, EXCEED THE PURCHASE PRICE PAID BY YOU FOR THE SOFTWARE.

ALL RIGHTS NOT EXPRESSLY GRANTED IN THIS LICENSE AGREEMENT ARE RESERVED BY GAUMARD.

ACKNOWLEDGMENT

BY INSTALLATION OF THIS SOFTWARE, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE FORE GOING AND THAT YOU AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. YOU ALSO AGREE THAT THIS AGREEMENT IS THE COMPLETE AND EXCLUSIVE STATEMENT OF AGREEMENT BETWEEN THE PARTIES AND SUPERSEDES ALL PROPOSED OR PRIOR AGREEMENTS, ORAL OR WRITTEN, AND ANY OTHER COMMUNICATIONS BETWEEN THE PARTIES RELATING TO THE LICENSE DESCRIBED HEREIN.

Care and Cautions

Overall Warnings

Remember that damage caused by misuse is not covered by your warranty. It is critical to understand and comply with the following guidelines:

PROCEDURES

Do not attempt to intubate without lubricating the airway adjunct with silicone lubricant (provided). Failure to do so will make intubation very difficult and is likely to result in damage.

When simulating drug administration via endotracheal tube, providers must use an empty syringe. Passing liquids into the trachea or esophagus may cause internal damage.

Mouth to mouth resuscitation without a barrier device is not recommended, as it will contaminate the airway. Treat the simulator with the same precautions that would be used with a real patient.

Always keep clear of the birthing mechanism while the system is on.

Never operate the birthing mechanism without the tummy cover in place.

NOELLE IV ARM

Only use Gaumard's provided simulated blood. Any other simulated blood containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

The use of needles larger than 22 gauge will reduce the lifetime of the lower arms' skin and veins.

When the arm veins require replacement, contact Gaumard to arrange for a lower arm exchange. For a small fee, we will deliver reconditioned and warrantied lower arm assemblies to your facility. After receiving the replacement arms, use the same box and the enclosed shipping label to return the old arms to Gaumard. For international and express service, additional fees may be charged. Refer to the Consumables and Replacement Parts section of this guide, and contact customer service for more information.

Vein tubing contains latex which may cause allergic reactions. Users allergic or sensitive to latex should avoid contact. Discontinue use of this product and seek medical attention if an allergic reaction occurs.

STORAGE

Store NOELLE in a cool, dry place. Extended storage above 85 degrees Fahrenheit (29 Celsius) will cause the simulator to soften and slowly warp. It is acceptable to *operate* NOELLE at an ambient temperature of 95 degrees Fahrenheit (35 Celsius).

Do not store the simulator with a discharged battery. It is good practice to re-charge the battery at the end of every simulation session. In addition, make sure the battery is re-charged at least once every 6 months even if the simulator is not being used; otherwise permanent loss of capacity might occur because of self-discharge.

CLEANING

The simulator should be cleaned with a cloth dampened with diluted liquid dishwashing soap. If medical adhesives remain on the skin, clean with alcohol wipes. **DO NOT USE "GOO GONE"** as the citric acid in the formula will cause pitting of the various materials comprising your simulator.

NOELLE is "splash-proof" but not water-proof. Do not submerge or allow water to enter the interior of the simulator. Do not expose the tablet computer to water or excessive dust.

SET UP

NOELLE will only power on when connected to the power supply.

NEVER disconnect the communications module while the GaumardUI software is running. The software will halt, and the module may be damaged.

BIRTH CANAL MAINTENANCE

Ball point pens, ink and markers permanently stain the birth canal insert.

Do not wrap this or any other Gaumard product in newsprint.

The birth canal insert can be cleaning by wiping with a mild solution of soap and water. After cleaning, dust with talcum powder.

After exercise is completed, **DO NOT** leave birthing baby in contact with the birth canal.

POST-PARTUM HEMORRHAGE CHECK LIST AND WARNINGS

Use only Gaumard's provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

Always ensure that the distal end of the uterus is inserted through the cervical opening of the birth canal until the cervix closes around the built in recess. Failure to do so could result in liquid accumulating in the pelvic cavity and damage to the birthing mechanism.

Always position the simulator so post-partum hemorrhage fluid flows away from the birth canal and the simulator itself.

Do not allow post-partum hemorrhage fluid to puddle beneath the simulator or reach the lower back.

At the end of every simulation, always flush the system with distilled water to prevent clogging.

To prevent staining or molding, always clean NOELLE using diluted soap and water. Remove the birth canal and clean thoroughly.

LABOR

Always lubricate the fetus and the birth canal before every delivery. Failure to do so will result in damage to the birthing mechanism and the birth canal.

Do not pull the baby upward in contrast to the birthing mechanism's linear trajectory. Doing so can bend the motor arm and cause damage to the birthing mechanism.

Getting Started

Overview

The NOELLE S554.100 is a comprehensive package of simulator technology, scenario-based training, and performance measurement and debriefing tools designed to build competencies needed to help manage OB emergencies.

HIGHLIGHTS

- Prepare for OB emergencies; evaluate and report on training and clinical outcomes
- Full size NOELLE maternal and neonatal birthing simulator with eclampsia and hemorrhage capabilities
- Mobility allows training to be in L+D and postpartum units
- Build team and technical competencies
- Maternal vital signs monitor
- Fetal heart tones and neonatal vital signs monitor
- Set up and run OB emergency simulations for shoulder dystocia, postpartum hemorrhage, eclampsia, umbilical cord prolapse, breech vaginal delivery, operative vaginal delivery, neonatal resuscitation

GENUINE NOELLE SIMULATOR

- IV arms for meds/fluids
- Intubatable airway with chest rise
- Removable stomach cover
- Chest compressions and ventilations are measured and logged
- Programmable eclampsia
- Advanced birthing mechanism
- Programmable postpartum hemorrhage
- Birthing fetus with placentas and umbilical cords

NEWBORN

- Full term intubatable newborn with cyanosis and umbilical pulse
- Chest compressions and ventilations are measured and logged
- Realistic heart and lung sounds
- Realistic crying

SIMULATED VITAL SIGNS MONITOR

- Single large 23 inch touchscreen monitor with desktop controller and wireless communication to laptop
- Display up to 8 numeric values including HR, ABP, RR, CO2, SpO2, temperature, NIBP, and time
- Select up to 5 dynamic waveforms including ECG II, ABP, respiration, CO2, and pulse oximetry
- Fetal Heart Rate monitor

OTHER

- Simulation transport case for electronic products
- FCC, IC, CE Certifications
- One year warranty; extend to three years
- Installation and training available

Terminology

Apply - In the context of a simulation, to apply settings is to send details of the patient's condition to the simulator itself. When settings are successfully applied, NOELLE's condition should match that shown on the Status panel.

GaumardUI - the Gaumard User Interface software application, used to control the simulator and evaluate care providers.

Facilitator - the person conducting the simulation; an instructor or lab staff member.

Palette Item - Any full or partial set of physiological parameters saved together under a single name.

Profile - a unique GaumardUI configuration, including custom palettes, scenarios, and options. Each profile acts as a separate program whereby changes made to one profile have no effect on the others.

Provider - a person participating in the simulation as a healthcare provider.

Scenario - a saved sequence of physiological states, which flow like a "play list." Scenarios provide a level of automation that unburdens the facilitator and allows standardized presentation of symptoms.

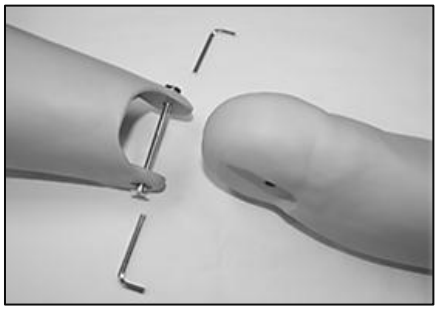
Scenario Item - a Palette Item that is part of a scenario. Scenario Items may also represent a fixed delay period ("Wait") or a pause ("Wait Indefinitely").

Equipment Set-up

Leg Assembly

Follow the steps below to install the lower legs. Always, remove the lower legs when transporting NOELLE inside the protective case.

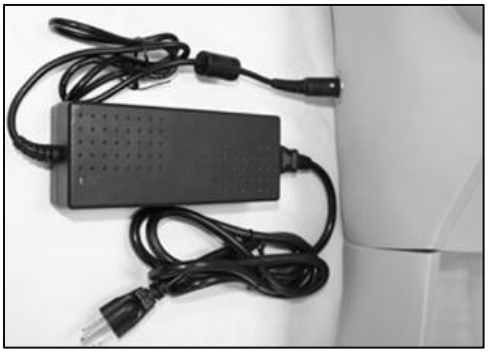
1. Remove the fixed bolts from the knee joints using the hexagonal wrench included.



2. Position the lower legs and insert the bolts. Use the two provided hexagonal wrenches to secure the knee bolts. Do not over tighten.

NOELLE Power Supply

Connect the power adapter labeled NOELLE to the power input located on NOELLE's right side.



NOELLE is equipped with an internal backup battery to maintain functionality in the event the power adapter is unplugged, or the simulator is requires transportation from one room to another.

Always operate NOELLE with the power supply connected.

The backup battery level is displayed on the GaumardUI status panel. For more information about the battery indicator, refer to page 20.

Warning:
Do not store the simulator with a discharged battery.

Re-charge the system at least once every 3 months if the simulator is not being used; otherwise permanent loss of capacity might occur.

Newborn Power Supply

Connect the power adapter labeled Newborn to the power input located on Newborn's right side.

Always operate Newborn with the power supply connected. Newborn is not equipped with an internal battery.

Control Computer

The laptop computer is the simulator's control center. Startup and control commands are sent from the Gaumard control software (GaumardUI) to the simulator using the wired communication module shown in the next section.

Review all manufacturer warnings and procedural information included with the laptop's documentation before continuing.

COMMUNICATIONS MODULE

Follow the steps below to connect the communication module to the simulator and the laptop computer.

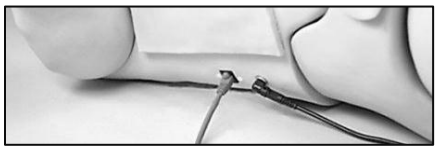
GaumardUI controls only one simulator at a time. To switch between NOELLE and Newborn, first exit the GaumardUI software and reconnect the communications cable to the simulator you wish to control.

Warning:
Do not connect the simulator to Ethernet cards, LAN networks or unauthorized diagnostic equipment. Doing so may cause damage to the system.

1. Connect the communication cable to the USB communication module.

2. Connect the USB communication module to an available USB port and power on the laptop computer.

3. Connect the communication cable to the communications port located on the simulator's right side.



Virtual Monitor

The mobile virtual monitor system works with GaumardUI to display the vital signs of NOELLE, birthing baby and Newborn.

EQUIPMENT INSTALLATION

Refer to the manufacturer's documentation included with the virtual monitor system components for important safety, installation and start-up information before turning on the computer for the first time.

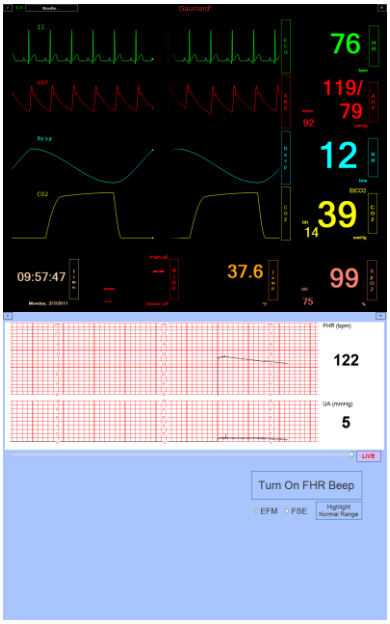
VIRTUAL MONITOR WIRELESS CONNECTIVITY

The control laptop and the all-in-one virtual monitor computer automatically establish an ad-hoc wireless connection at startup. The wireless connection allows the GaumardUI control software to send vital signs information to the Gaumard Monitors software. To verify the wireless ad-hoc connection, click on the wireless icon located on the task tray. To troubleshoot connection issues, please go to page 183.

GAUMARD MONITORS

After the wireless connection is established, double click or tap the **Gaumard Monitors** icon on the virtual monitor's home screen.

The Gaumard Monitors software is now ready to receive vital signs information generated by the GaumardUI control software.



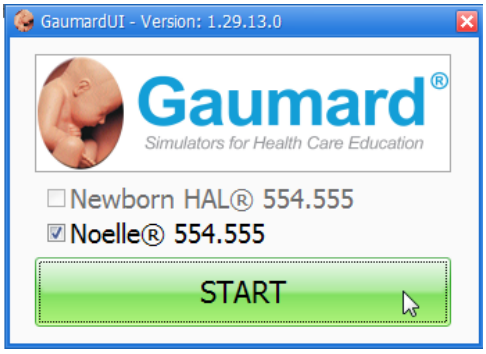
Continue to the next section to begin working with the GaumardUI control software and the simulator.

Working with GaumardUI

Initializing the simulator

After reading the care and cautions information included with the system components, power on control laptop computer and double click the GaumardUI icon.

The simulator selection menu is shown. Select the simulator connected to the communication module and click **start.** The simulator will power on in approximately 30 seconds.



GaumardUI controls one simulator at a time. To switch between NOELLE and Newborn, first exit the GaumardUI software and reconnect the communications cable to the simulator you wish to control.

USER PROFILE MENU

Each profile stores an independent library of customizable palettes, scenarios, and options settings. Changes made to items in one profile do not affect items stored in others.

The **Quick Start** profile was created in conjunction with experienced healthcare instructors and working medical professionals. The Quick Start NOELLE profile contains prebuilt labor scenarios for birth simulation and post-partum complications. It serves a convenient starting point and it can be customized to fit most simulation objectives.

- **Quick Start NOELLE** – Contains a total of twelve labor scenarios.
- **NOELLE Advanced** – Contains fourteen linear scenarios, twenty-two labor scenarios and one branched scenario.
- **Quick Start Newborn** – contains a total of eleven scenarios.

Select a profile and click “Load” to continue.

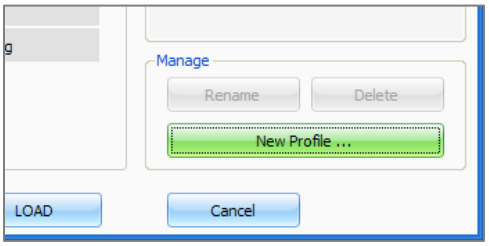
For more information on the items included on the Quick Start profiles, navigate to Page 116. To change profiles from inside the GaumardUI environment, click Profiles from the File menu.

CREATING A NEW PROFILE

Profiles are used to organize and protect software settings. As you begin to customize NOELLE, it will become clear how profiles can best serve your needs. For example:

- It may be appropriate to assign one profile to each user of your NOELLE system.
- Others may choose to create a profile dedicated to a specific academic course, which might be taught by multiple instructors.
- For the most detailed exercises, it is sometimes useful to devote an entire profile to one particular subject area, or even one particular scenario.

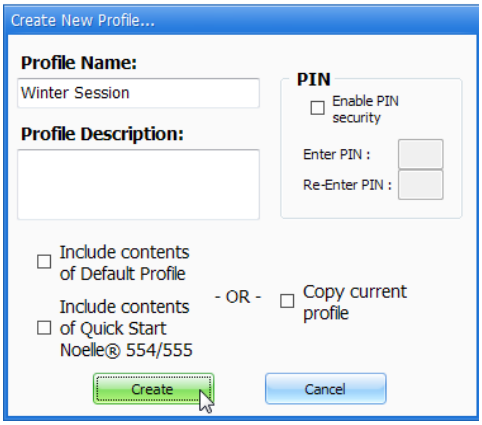
To create a user made profile, click on the **New Profile** button on the right panel.



Enter a name for the new profile followed by a description.

To include scenarios and palettes from other profiles, click the applicable check box. For security, enable PIN protection, which will require a user to enter a four-digit key before loading the protected profile.

Finally, click **Create** to save the new profile. To import and export profiles, navigate to Page 85.



The Environment

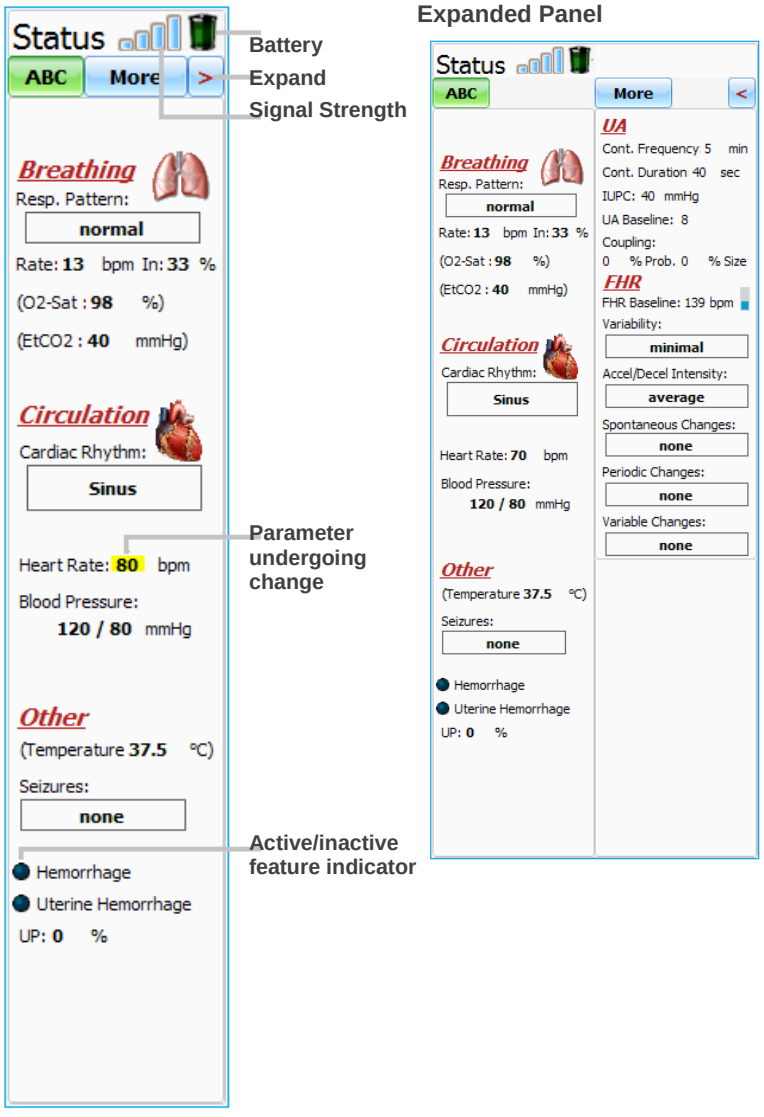
The GaumardUI environment is used by the facilitator as the simulation command center. In addition to managing the simulator's functionality and vital signs, the facilitator can evaluate student performance and act as the simulator's voice. This powerful combination of tools provides the facilitator with an indispensable tool for simulation, training and testing.

THE STATUS PANEL

The Status panel is visible along the left edge of the GUI window at all times. Backup battery level information, signal strength, volume levels and vitals are displayed in real time. Vital sign parameters such as heart rate, blood pressure and respiratory rate are highlighted in yellow while undergoing change.

Click the **arrow** to expand the viewer and access status entries for **Other**, **Uterine Activity** and **Fetal Heart rate**.

Some status panel entries may not be visible depending on the simulator's hardware configuration.



COMMUNICATION INDICATOR

The communication indicator shows the status of the link between the computer and the simulator. The indicator is clear when no attempts to communicate with the simulator are being made; for example when the wired communication module is not connected to the computer or the if system is in STAND-BY mode.

NOELLE BACKUP BATTERY INDICATOR

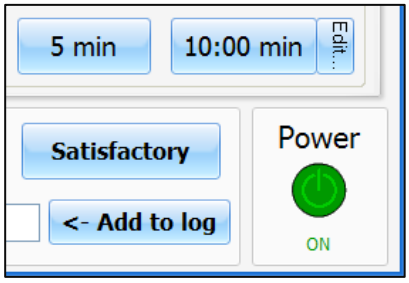
The battery status indicator updates as the backup battery in the simulator is used. The exclamation mark indicator is shown when there is no communication with the simulator and the program cannot retrieve battery information from the simulator.

VOLUMES

The volume levels for sound features on the simulator are adjusted on the Status Panel. Click on the volume level indicator next to each sound level to adjust.

SOFT POWER AND STANDBY

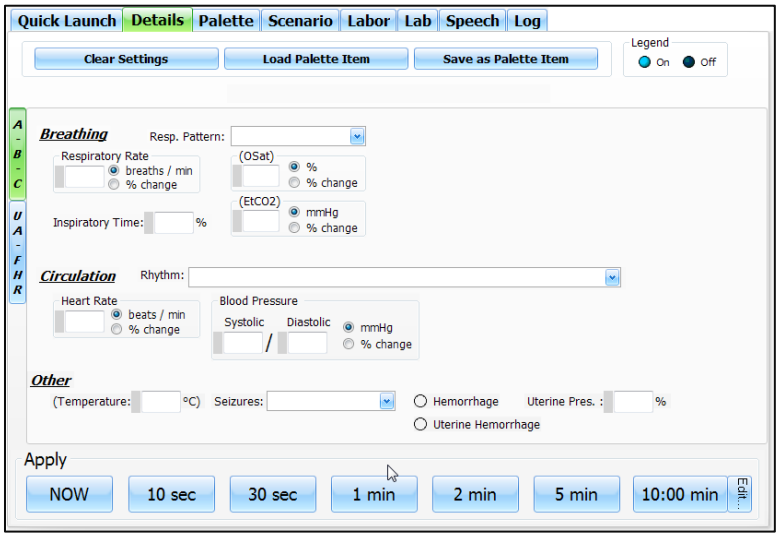
The standby button is located on the bottom right corner of the GaumardUI software. Use the standby mode to save backup battery power between exercises.



The simulator will establish a connection less than one minute after resuming from standby. The connection bars will confirm the link between the controller computer and the simulator. **The wired communication module must be connected when resuming from stand by.**

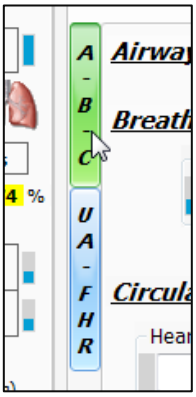
Details

From the **Details** tab, facilitators can manually control the simulator's vitals, enable/disable features and create **palette items** later used to build **scenarios**. Changing controls directly from the details page is the simplest form of control available to the facilitator.



Vital controls are divided in several categories. For each vital control on the details tab, there is a corresponding entry on the **Status Panel** displaying real time information.

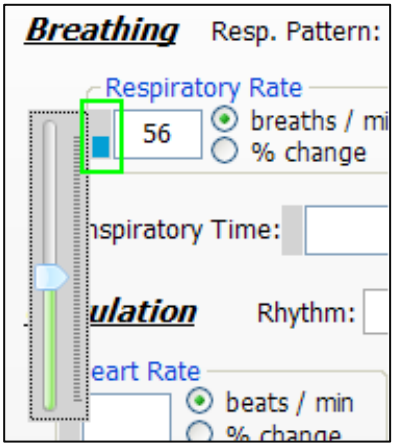
Additional controls can be accessed by clicking on the **vertical tab** located on the left of the screen. Controls on the details tab vary from simulator to simulator. GaumardUI will automatically detect features and upgrades installed on the simulator and display the corresponding controls.



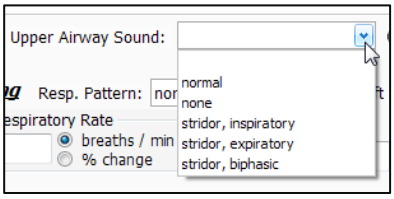
CHANGING VITALS

Set the changes on the available fields, and use the **Apply panel** located at the bottom of the Details tab area to submit. GaumardUI only sends updated vital information to the simulator, **settings not specified will remain unchanged**. Outlined below are common control behaviors.

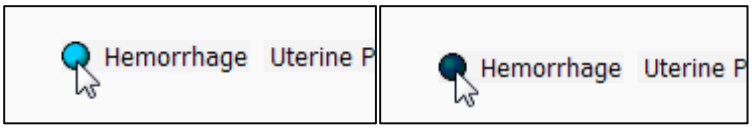
Click or tap **slider control** to quickly adjust numerical values using the track pad. Alternatively, use the keyboard to manually type a numerical value.



Click on the **down arrow** to access sound types and rhythms.



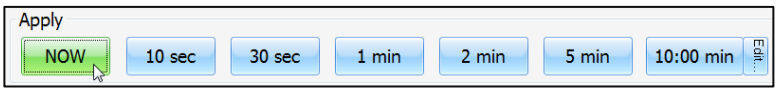
Click on the **feature control button** to enable (blue) or disable (black) features such as hemorrhage, chest rise, and crying. Then, click Apply to submit the change.



For more information about the simulator's features, navigate to the **Working with NOELLE/Newborn** section of this guide.

APPLY PANEL

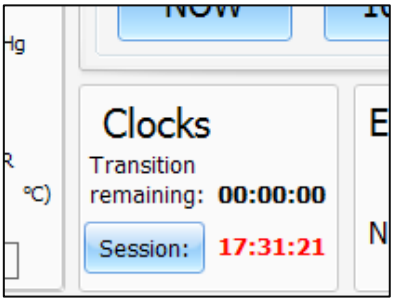
After the settings are selected in the details area, changes are submitted using any of the apply buttons located near the bottom of the page. Please note that **settings not specified will remain unchanged.**



Click the **NOW** button to change the simulator's condition instantly. Alternatively, click a **trending time** to gradually increase or decrease to the numerical value specified (e.g. heart rate, blood pressure) in the time allotted. The right-most button can be customized to any transition time by clicking the part of the button labeled "Edit".

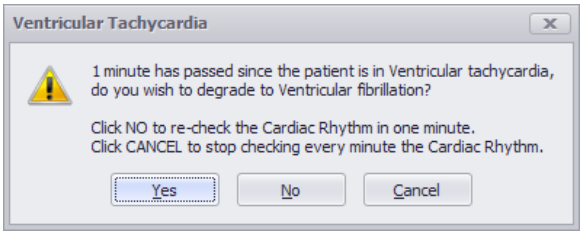
Some settings are applied immediately, such as cardiac rhythm and breathing pattern, while numerical settings, such as heart rate and respiratory rate can trend.

As transitions are applied, the trend countdown is displayed in the **Clocks** panel at the bottom of the GaumardUI window. If there is already an ongoing transition at the moment you click an Apply button, it will stop, and a new transition will begin from the current physiological state.



VENTRICULAR TACHYCARDIA

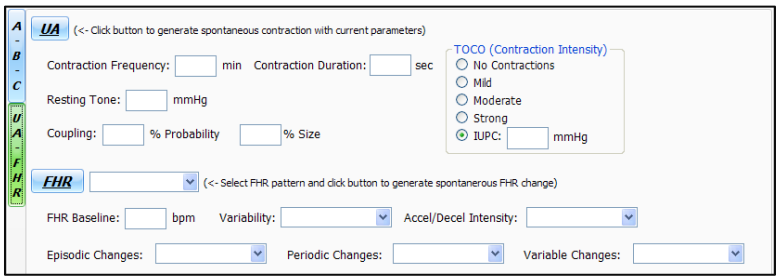
When cardiac rhythm is maintained at Ventricular Tachycardia for one minute, the following prompt dialog box will be displayed:


Ventricular Tachycardia
1 minute has passed since the patient is in Ventricular tachycardia, do you wish to degrade to Ventricular fibrillation?
Click NO to re-check the Cardiac Rhythm in one minute.
Click CANCEL to stop checking every minute the Cardiac Rhythm.
Yes
No
Cancel

Click **Yes** to degrade the cardiac rhythm to **ventricular fibrillation**. Click **No** to maintain the cardiac rhythm and recheck after 1 more minute. Click **Cancel** to stop the software from checking the cardiac rhythm every minute.

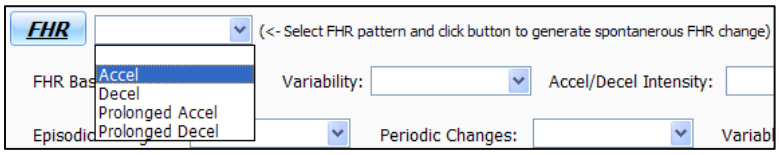
UTERINE ACTIVITY/ FETAL HEART RATE

Click on the **UA-FHR** vertical tab to access uterine activity and Fetal Heart Rate controls.



UA - The instructor can generate a uterine contraction at any time by clicking the **UA** button; the contraction will have the same duration and intensity settings applied on the status viewer.

FHR - Generate a fetal heart rate acceleration or deceleration at any time by selecting one of the options in the drop box below the button, and then clinking on the button.

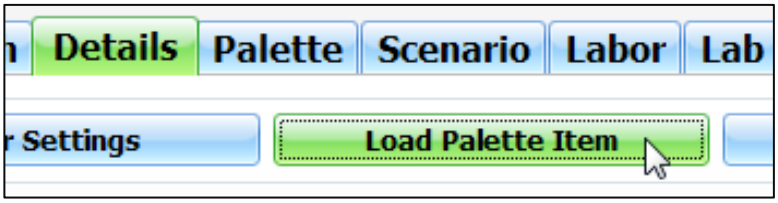


PALETTE ITEMS

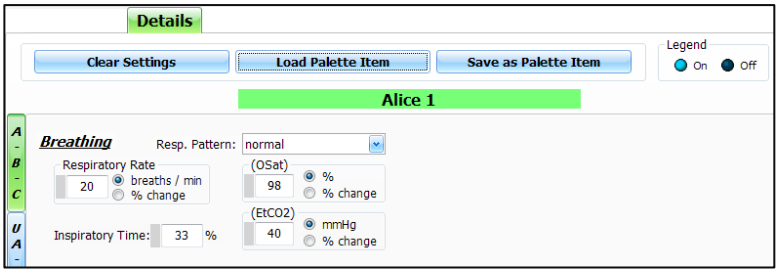
A **Palette** item stores several vital parameters in a single container. Use palette items to quickly change multiple parameters at once. For example, a facilitator may choose to create a palette item that stores all the vital parameters of a healthy patient. Then at any moment in the simulation quickly return to a healthy state by loading the palette item.

Palette items are also used to build scenarios as covered on page 32. As part of the scenario building process, a facilitator will first create a series of individual palette items which represent physiological states. The **scenario** feature then automates the loading of palettes in succession to simulate patient recovery or complications.

A collection of palette items are included in the quick start profile. Click the **Load Palette** button to load a prebuilt palette item.

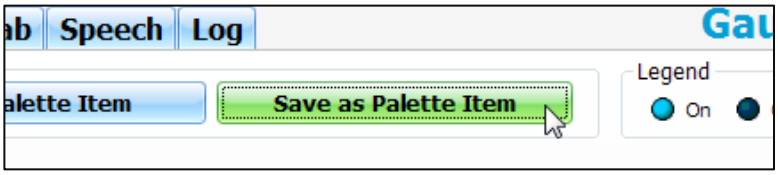


Select a palette item from the list and click **Load**. Finally, click apply to submit the changes.



CREATING PALETTE ITEMS

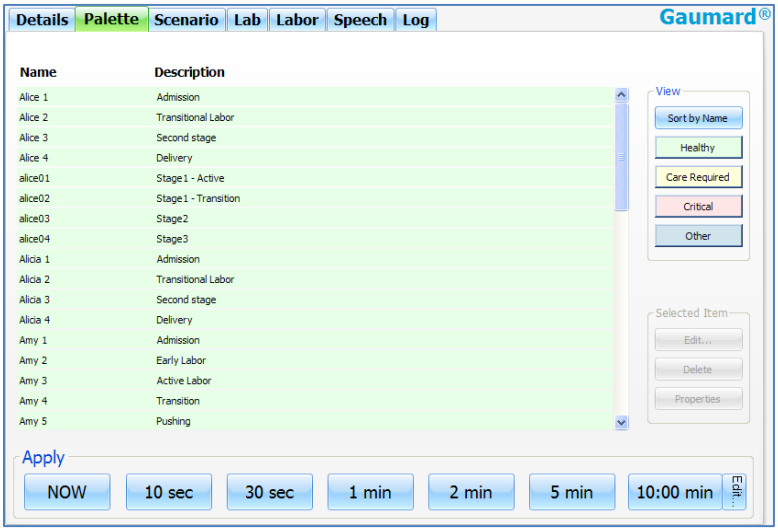
To create a Palette Item, adjust the vital parameters and features on the Details tab and click the **Save as Palette Item** button near the top of the page.



Enter the palette's name, description, and color code and click **Save**.

Palette

The second level of control is the Palette tab-page. Each item on the Palette represents a complete or partial physiological state. The Palette page displays all of the Palette Items in the active profile. Each profile has its own separately customizable Palette. Create Palette Items with the Details page, as described previously.



Apply Palette Items using the buttons at the bottom of the page, exactly as changes to NOELLE's condition are applied on the Details page. Change NOELLE's vital signs and symptoms instantly by clicking to select a Palette Item and clicking the “NOW” button. Alternatively, create a gradual transition in physiological state with one of the other Apply buttons.

Palette Items can be sorted with the “View” buttons found on the right side of the page.

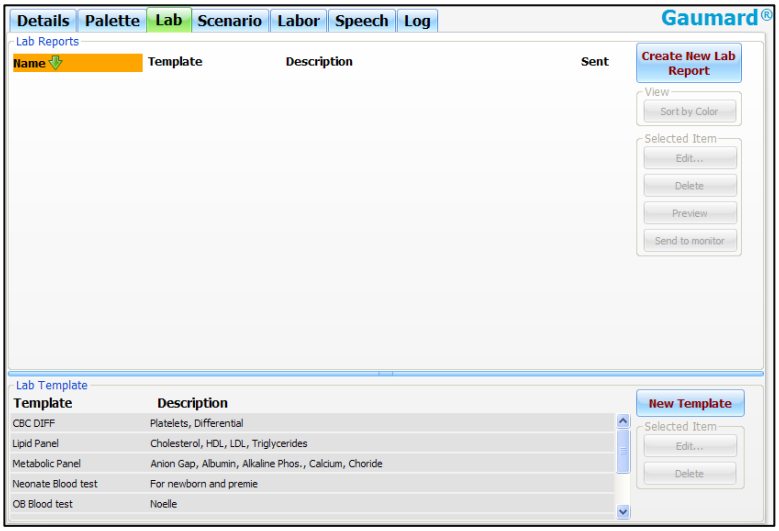
Editing existing Palette Items is simply a matter of selecting the item you wish to modify and clicking the Edit button. You will be automatically be taken to the Details page, and the settings that comprise the selected Palette Item will be displayed. Change them as desired, and click the “Save as Palette Item” button.

Many of the functions related to Palette Items are also available by clicking the second mouse button (usually the right button) while the pointer is positioned over an Item. Note that when using the tablet computer, this is best done by holding the stylus button while tapping the screen.

For more information on customizing the Palette, see the Tips on Palette Item and Scenario Creation section of the Appendix at the end of this guide.

Lab

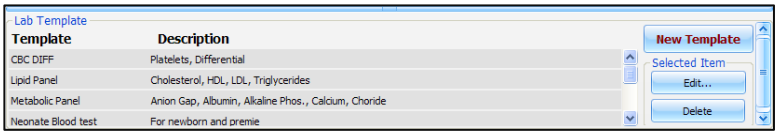
Laboratory tests are helpful tools for evaluating the health of a patient. To simulate this process, the Lab Tab allows the facilitator to create laboratory reports to aid providers during simulation. Once a laboratory test is created, the facilitator can display the results on the Virtual Monitor window for the provider to utilize.



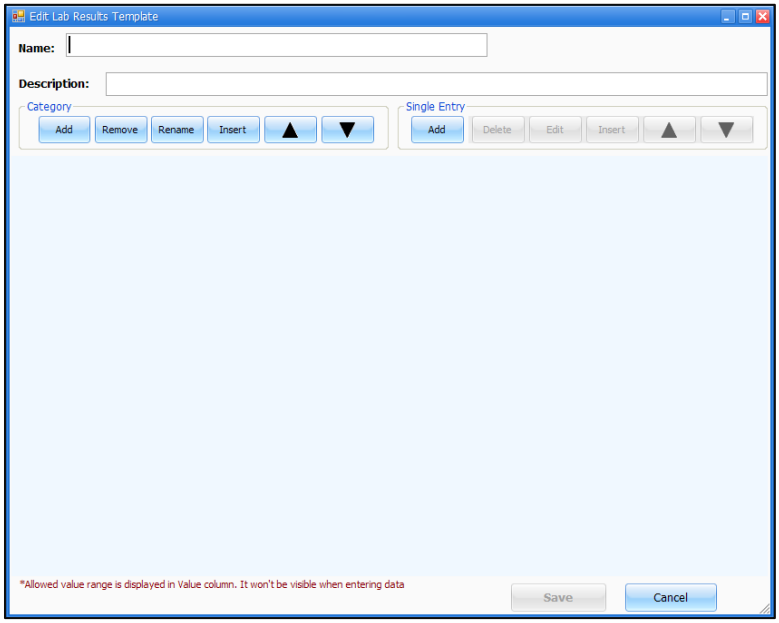
The Gaumard Virtual monitors must be connected before using the file sharing feature. To verify the connection navigate to PAGE 94.

CREATING A LAB TEMPLATE

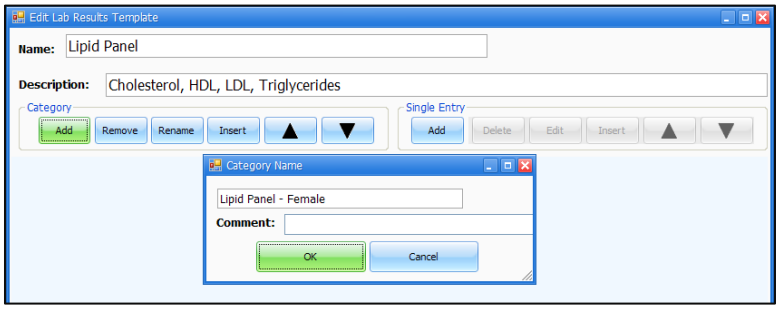
To begin, navigate to the bottom of the tab and click on the **New Template** button on the right panel.



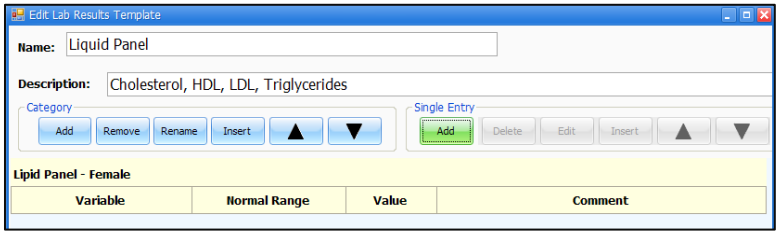
The **Edit Lab Results Template** window is used to create templates that will be later used to create lab reports. Enter a **name** for the lab template followed by a **description**.



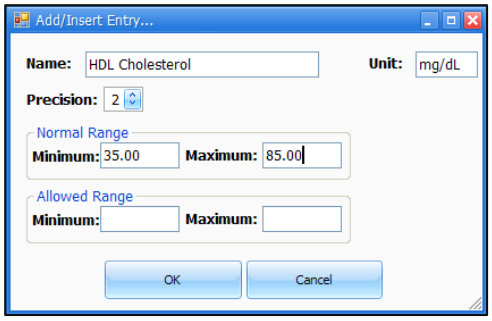
Categories are used to group a series of tests in a lab report. From the **Category** box, click **Add** to name and create a category. Then, click **OK** to save the new category.



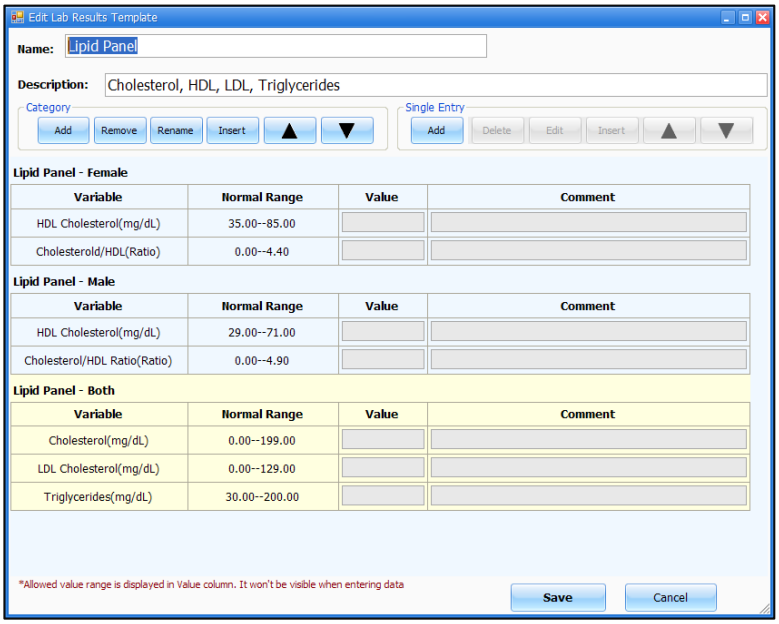
Use the **Single Entry** menu to add a test under the category previously created.



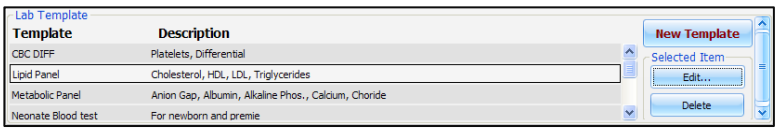
Use the **Add/Edit Entry** menu to customize the different parameters on a specific test. Begin by providing the name of the test, unit and decimal precision. The **Normal Range** will be displayed on the lab report for the provider to use as guide while reading the results. Meanwhile, the **Allowed Range** restricts the minimum and maximum value a facilitator can input as a test result. Once the test entry is configured, click **OK** to add the new test.



Repeat the process to add more tests and categories using the Category and Single Entry menu. Please note that individual items can be moved, deleted or modified after they are created. After all the tests are entered, navigate to the bottom of the page to **Save** the new template.

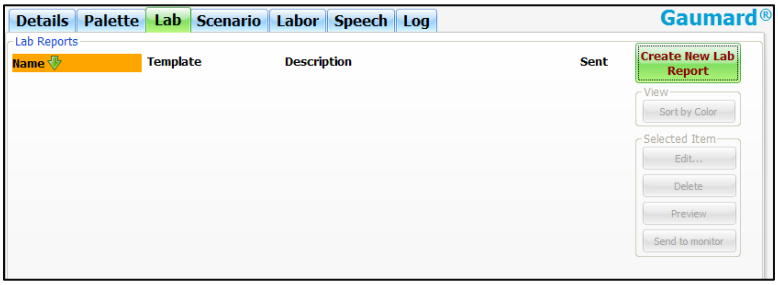


Once a new format is created, it will be listed on the Lab Format section at the bottom of the Lab tab. Use the buttons on the left panel to edit or delete lab formats.

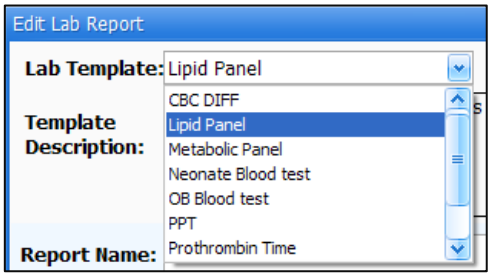


CREATING A LAB REPORT

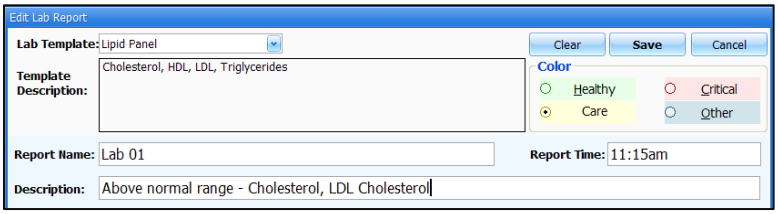
To begin, click on **Create a New Lab Report** from the right panel.



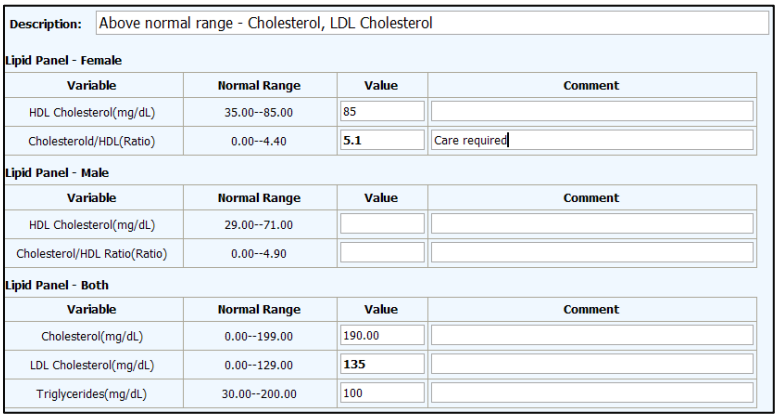
The **Edit Lab Report** window is used to prepare new lab report. First, select a **Lab Template** from the drop down menu.



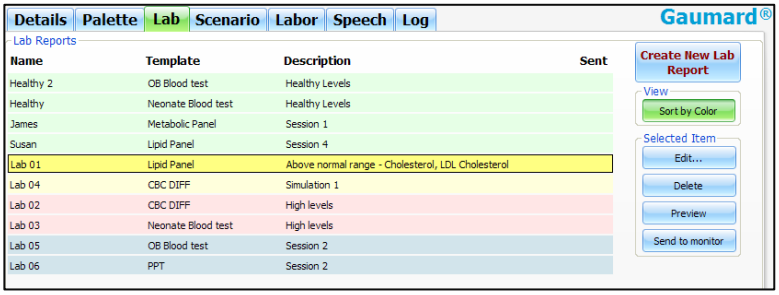
Provide a **Report Name**, **Report Time** and **Description**. In addition, select a condition color tag for the lab report on the right panel. Color tags aid the sorting of lab reports on the report list window.



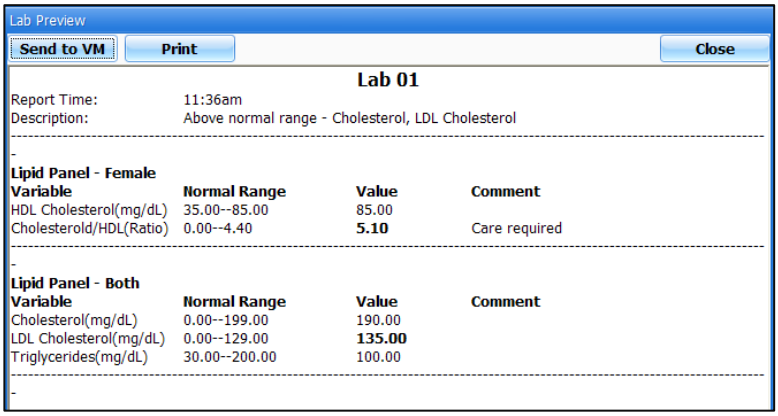
Input the results of the tests on the **Value** column. Values above the normal range specified will be displayed in bold. Include any comments associated with the test performed. Finally, click **Save** from the top right menu to create the lab report.



The newly created lab report will be listed on the Lab Reports list. Lab reports can be sorted by name, template, and description, sent status or colors.



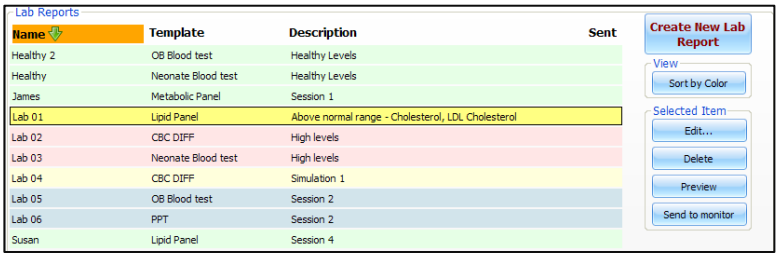
Select a lab report and click the **Preview** button on the right panel to view the report on the facilitator's screen. From the Lab Preview window, the facilitator can print as well as send the report to the virtual monitor computer. To make changes, click **Close** and then **edit**.



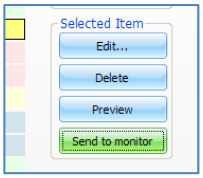
The preview window also allows the printing of results for distribution and archiving. To make changes, click **Close** and then **edit**.

SEND TO MONITOR

Begin by selecting the report from the lab reports list.

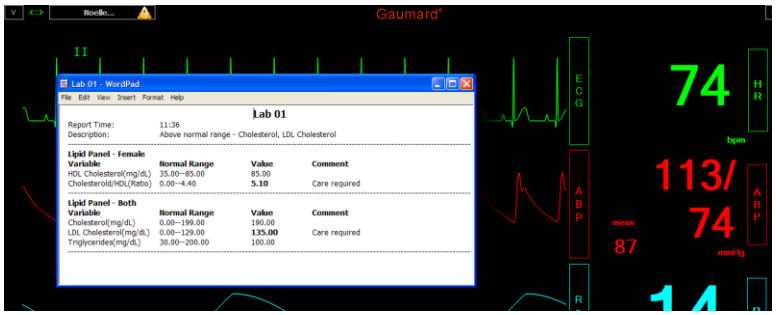


Click the **Send to Monitor** button to transfer the lab report to the Virtual Monitors.

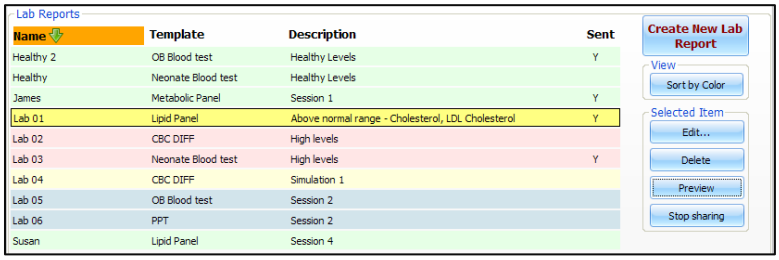


On the Gaumard Monitor's window, an exclamation icon notifies the provider a file is ready for access. Click the NOELLE drop down menu to select the available lab report.

The lab report will open using the system's default application.


Gaumard
Lab 01 - WordPad
Lab 01
Report Time: 11:36
Description: Above normal range - Cholesterol, LDL Cholesterol
Lipid Panel - Female
Variable | Normal Range | Value | Comment
HDL Cholesterol(mg/dL) | 35.00--85.00 | 85.00
Cholesterol/HDL(Ratio) | 0.00--4.40 | 5.10 | Care required
Lipid Panel - Both
Variable | Normal Range | Value | Comment
Cholesterol(mg/dL) | 0.00--199.00 | 190.00
LDL Cholesterol(mg/dL) | 0.00--129.00 | 135.00 | Care required
Triglycerides(mg/dL) | 30.00--200.00 | 100.00
74
113/
74
87

Once the report is sent, the letter Y will be present on the Sent column. Use the Stop Sharing button on the right panel to remove any items on the Gaumard Monitor file list.


Lab Reports
Name | Template | Description | Sent
Healthy 2 | OB Blood test | Healthy Levels | Y
Healthy | Neonate Blood test | Healthy Levels
James | Metabolic Panel | Session 1 | Y
Lab 01 | Lipid Panel | Above normal range - Cholesterol, LDL Cholesterol | Y
Lab 02 | CBC DIFF | High levels
Lab 03 | Neonate Blood test | High levels | Y
Lab 04 | CBC DIFF | Simulation 1
Lab 05 | OB Blood test | Session 2
Lab 06 | PPT | Session 2
Susan | Lipid Panel | Session 4
Create New Lab Report
View
Sort by Color
Selected Item
Edit...
Delete
Preview
Stop sharing

An editable copy of the lab report is also copied onto the Gaumard_UI folder on the tablet's home screen. For information on how to access other files from the Gaumard Monitor screen, navigate to page 92.

Scenarios

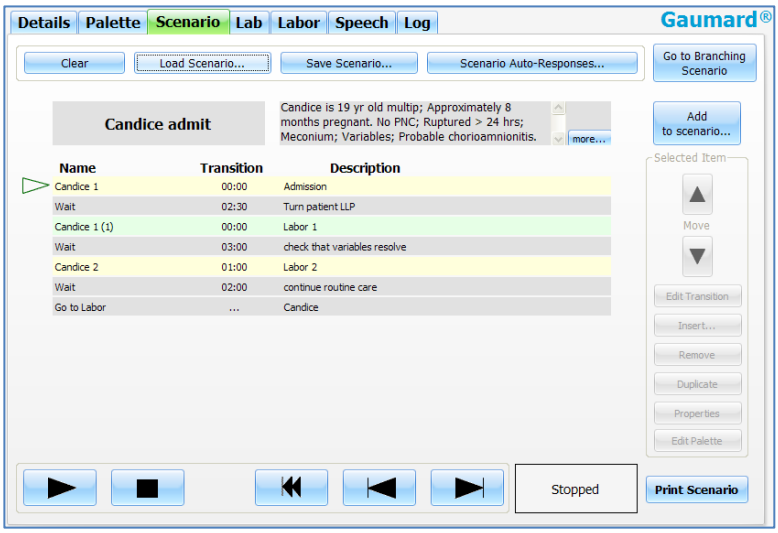
The most advanced method of controlling the system is to build a Scenario, a sequence of Palette Items and delay periods. Scenarios can be linear or branching as covered in the following section. Think of a scenario as a "playlist" of palette items. Consistent with this analogy, scenario controls at the bottom of the page look and behave just like traditional and software-based media players.

Scenarios let the facilitator automate most of the changes to the simulators 's condition, so their attention can remain on the providers' actions. The scenario system can also provide standardization of the patient's presentation of symptoms. For fair assessment of providers and any research application, such standardization is key. For tips on planning and creating scenarios, go to page 181.

NOELLE linear scenarios simulate pre partum and postpartum events. Scenarios that incorporate the labor mechanism are loaded using the Labor tab (page 49). In the example below, the simulation exercise begins during the admission process and continues onto the delivery when the scenario reaches the last item on the list.

LINEAR SCENARIOS

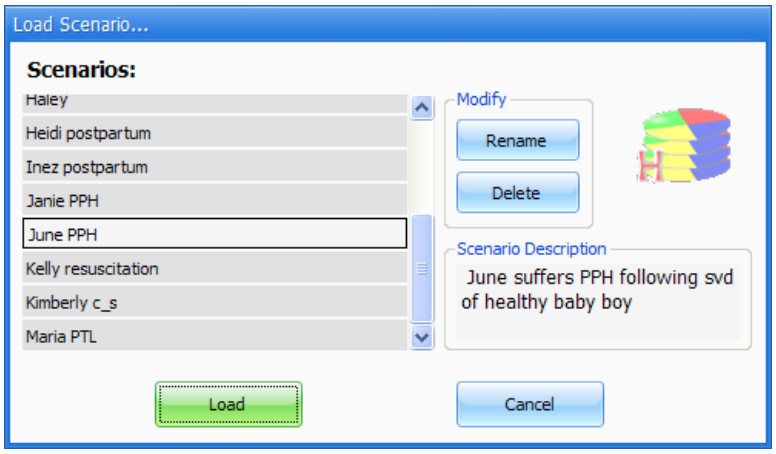
Linear scenarios consist of palette items added in sequence with specific transition times as shown in the figure below.



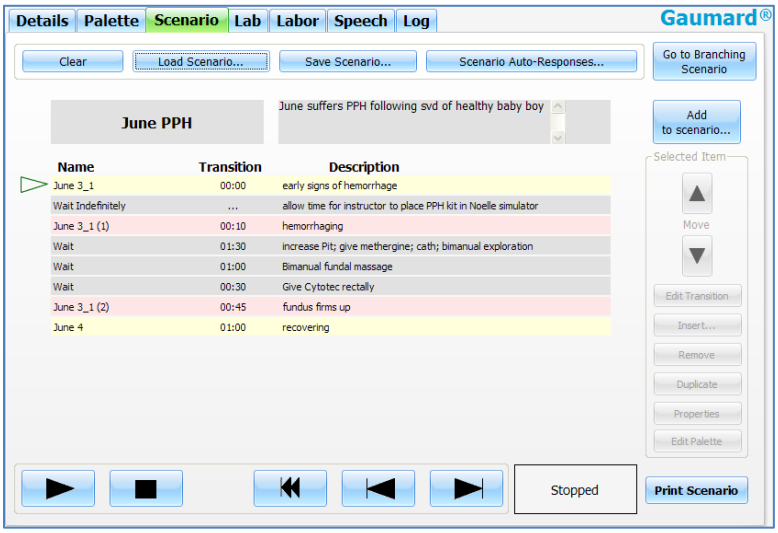
USING FACTORY PRESET SCENARIOS

While operating in the NOELLE Advanced profile, go to the Scenario tab and Click on **Load Scenario.** On the Newborn software, load the Quick Start Profile.

Select the desired scenario and click on “Load”.



After loading the desired scenario, click the **Play** button and watch the vital signs adjust according to the specifications of each palette.



SCENARIO CONTROLS

Scenarios are controls are located at bottom of the Scenario page. The same way a music player plays songs, the Scenario plays palette items. Intuitively, the facilitator can play, stop, pause, skip, or repeat items as appropriate. The Scenario Position Indicator points to the current item and shows the current status of the scenario. The following paragraphs describe in detail the behavior of each button and indicator.

THE SCENARIO POSITION INDICATOR

An unfilled triangle means that the scenario is stopped. When the Play button is clicked, the item pointed by the indicator is be played.

A rapidly blinking triangle means that the scenario is playing the item to which the indicator is pointing.

A slowly blinking triangle means that the scenario is paused at the item to which the indicator is pointing.

THE SCENARIO BUTTONS

Plays the item to which the scenario position indicator is pointing. This button has to states: play or pause.

Pauses the scenario. This state of the play button is only active when the scenario is playing. It is disabled when a 'Wait indefinitely' item is playing because in such case the scenario is already paused.

The Stop button has 2 behaviors depending on when it is clicked. When clicked once, the Stop button halts the scenario at the end of the currently playing item. When clicked a second time, the scenario is stopped immediately. For example, if the currently playing item has a transition of 1:00 minute and the Stop button is pressed when it has 0:10 seconds left, the scenario will be halted at the end the transition (i.e., in 10 seconds). If the Stop button is clicked again within those remaining 10 seconds, the scenario stops immediately.

The Next button advances the indicator to the next item on the scenario regardless if the scenario is playing, paused, or stopped. It can also be used to move the indicator to select an item before playing it.

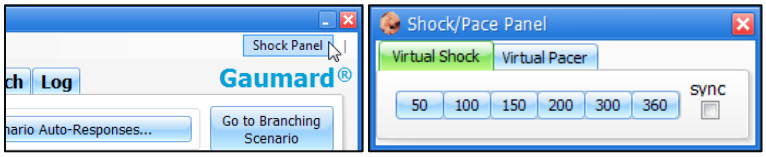
Similar to the Next button, the Previous button returns the indicator to the previous item in the scenario

The Reset button stops the scenario immediately and returns the indicator to the first item in the scenario.

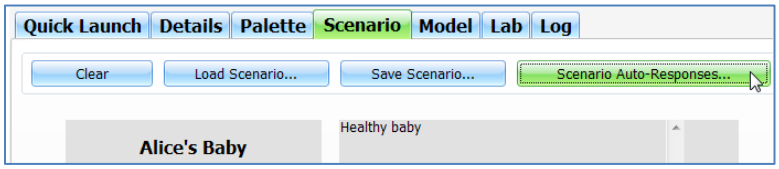
SCENARIO AUTO-RESPONSES

The scenario auto-responses feature assists facilitators in automating electrical therapy responses during a scenario. First, click on the shock panel icon located near the top right of the screen to access the virtual **Shock /Pace panel**.

If the shock panel button is not displayed, go to **Setup>Options> General** and checkmark **Show defibrillation/cardioversion panel**.

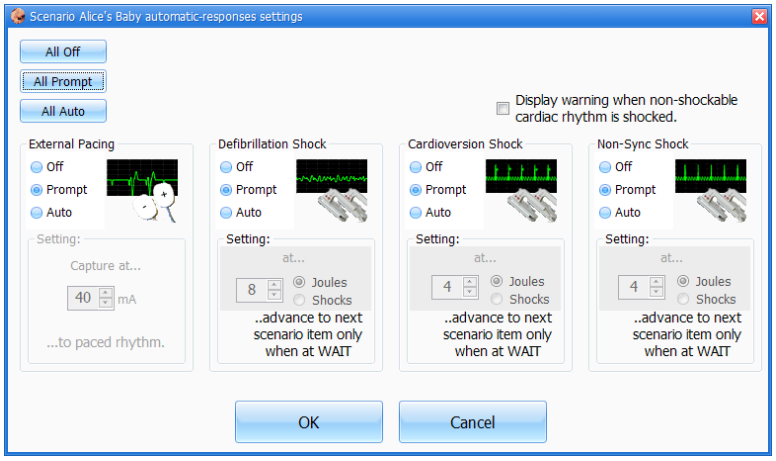


Click on the **Scenario Auto-Responses…** button to access and configure the auto response feature.



During a wait indefinitely palette, the auto response feature will advance the scenario to the next palette item in response to the following interventions.

- External Pacing -
- Defibrillation Shock – During shockable rhythms only
- Cardioversion Shock –
- Non-sync Shock -



The three auto response detection modes are defined below.

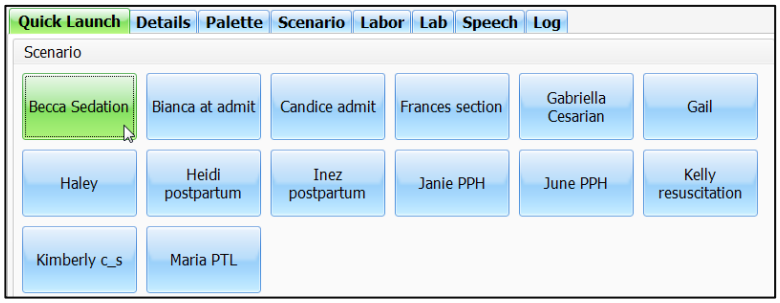
- **Off** - The software **does not** respond to the electric therapy.
- **Prompt** - The software detects the electrical therapy and prompts the facilitator if the scenario should proceed to the next palette.
- **Auto** - The software detects the electrical therapy and compares it to the joules or shock threshold configured by the facilitator. If the electrical therapy is equal to or greater than the threshold specified, the scenario will automatically continue without prompting the facilitator.

SCENARIO QUICK LAUNCH

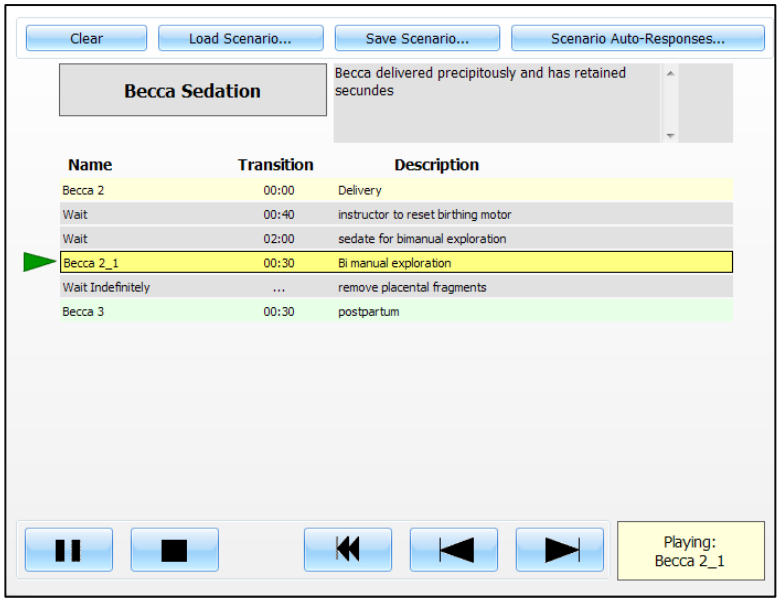
Use the scenario quick launch window to start scenarios with a single click. The Quick Launch window displays all the scenarios saved in the current profile.

LINEAR SCENARIO QUICK LAUNCH

Click the scenario button to start the scenario.



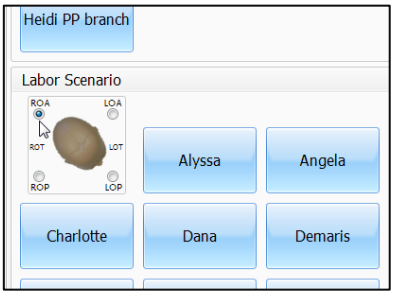
After the scenario button is clicked, GaumardUI will automatically start the scenario.



LABOR SCENARIO QUICK LAUNCH

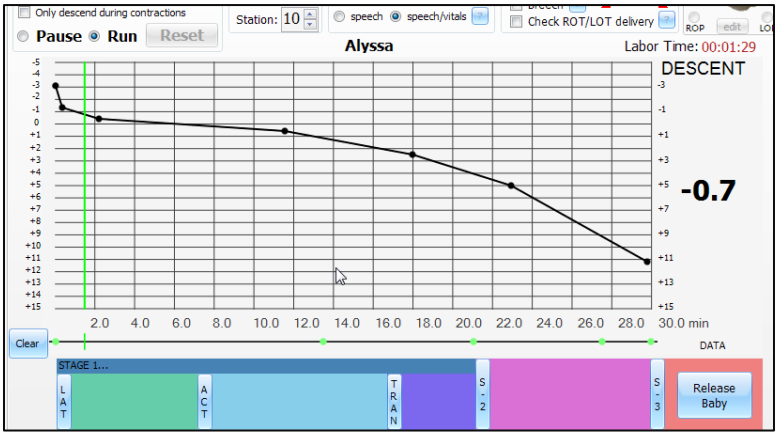
Before starting a scenario, first match the position of the birthing baby on the birthing mechanism with the software by clicking on the corresponding labor position radio button.

Before using the labor quick launch feature for the first time, go to page 101 for important information on preparing NOELLE for delivery.



After the position icon matches the baby's position inside the abdomen, click on the labor scenario to start.

GaumardUI will automatically start the labor scenario and switch to the labor tab.

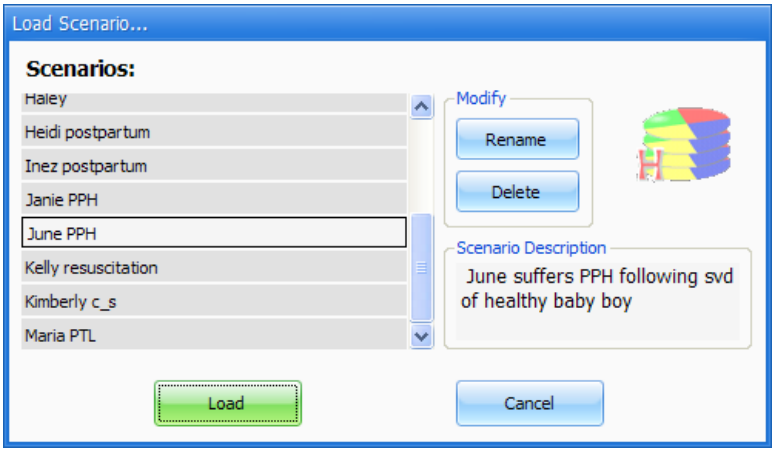


FACTORY PRESET SCENARIOS

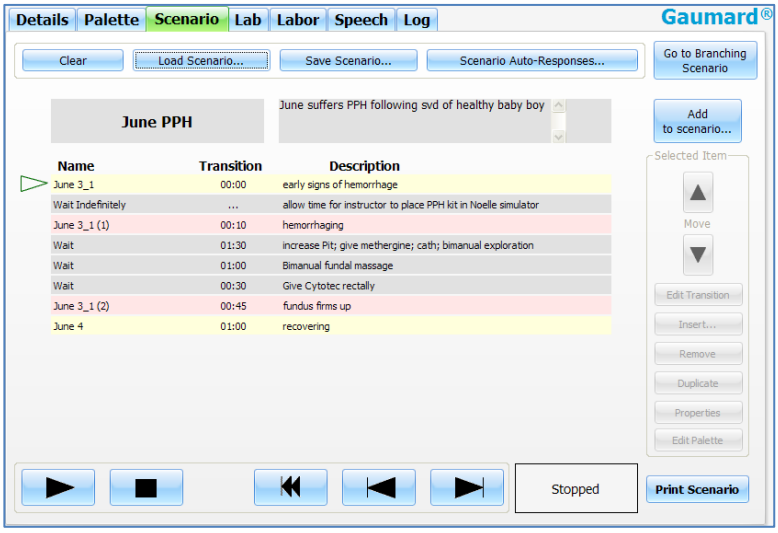
A powerful way to supplement the labor feature is to load factory preset scenarios. To locate and load these scenarios follow the steps below.

While operating under a Quick Start Profile, go to the Scenario tab and Click on **Load Scenario.**

Select the desired scenario and click on “Load”.

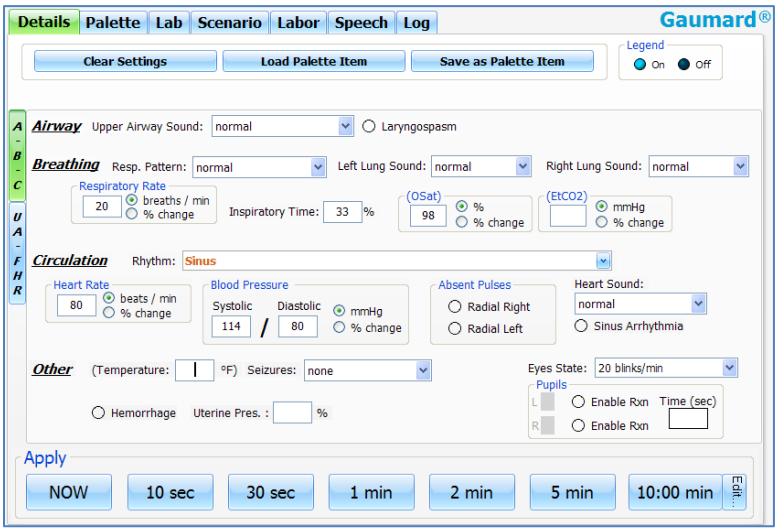


After loading the desired scenario, click the **Play** button and watch the vital signs adjust according to the specifications of each palette.



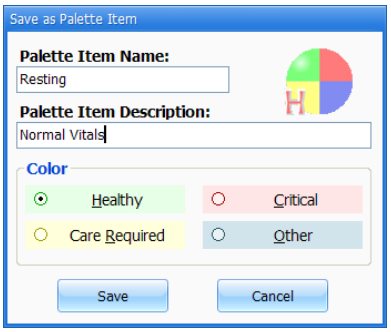
CREATING YOUR OWN SCENARIOS

First, create the palette items to be used in the scenario. To do so, go to the Details tab and change the controls that best describe the condition to be simulated. Not every field has to be populated in order to save a palette item

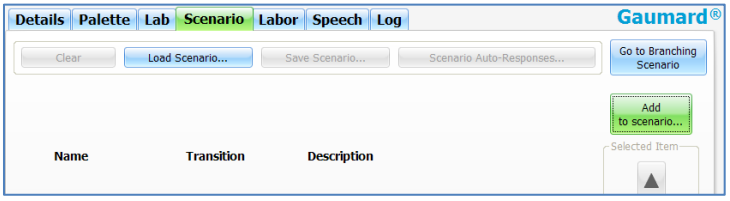


When operating in automatic mode, if inconsistent combinations or vitals are selected the model does not adjust to the specified values. The model is based on accurate physiologic principles, and therefore, choosing a combination of vitals that is inconstant with these principles, will not deliver the appointed results.

1. Save your palette(s) by clicking on the **Save as Palette Item** button on the upper right side of the page. Assign a **name** to the Palette Item and specify a brief description. Also, select a color that represents the palette's condition: Green for healthy, red for critical, yellow for care required, and blue for other. Then click **Save.**

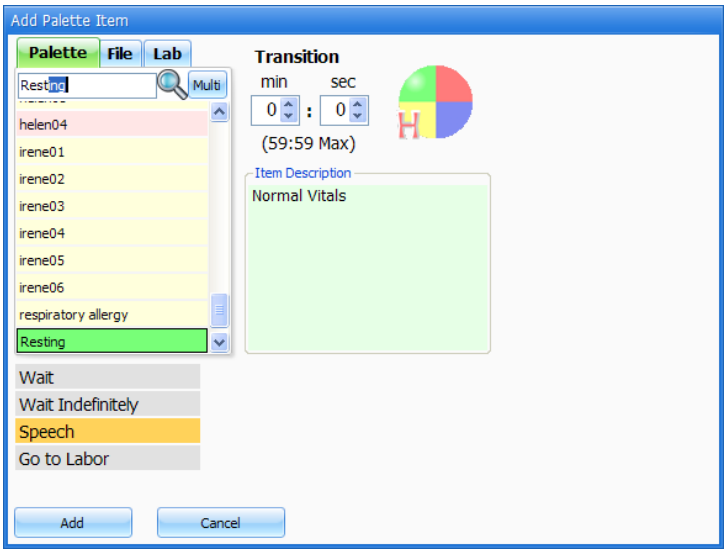


2. After creating all your palettes, go to the **Scenario** tab.

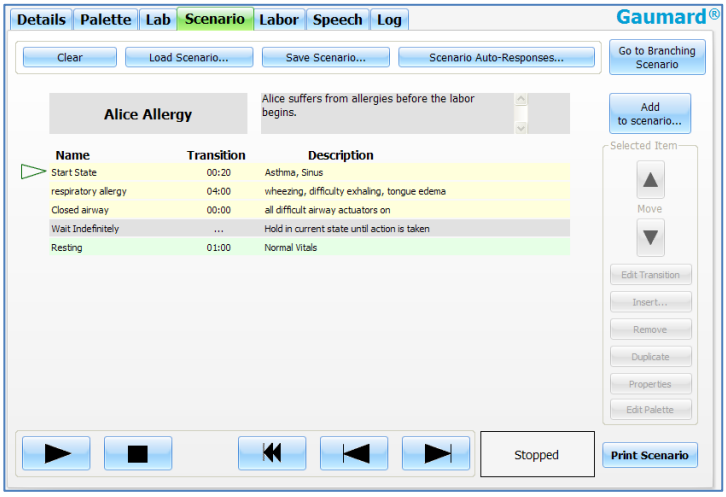


3. Click on the **Add to Scenario** button. Select a single palette or enable **Multi** to select multiple palettes at the same time. Specify a transition time for the palette and click **Add**.

4. From the add menu, you may also choose the **Wait** item, which causes a delay of a specified duration, or a **Wait Indefinitely** item, which causes the scenario to pause until the facilitator **manually** advances to the next item.



5. Repeat the previous step to add more palettes, wait times, speech or labs.

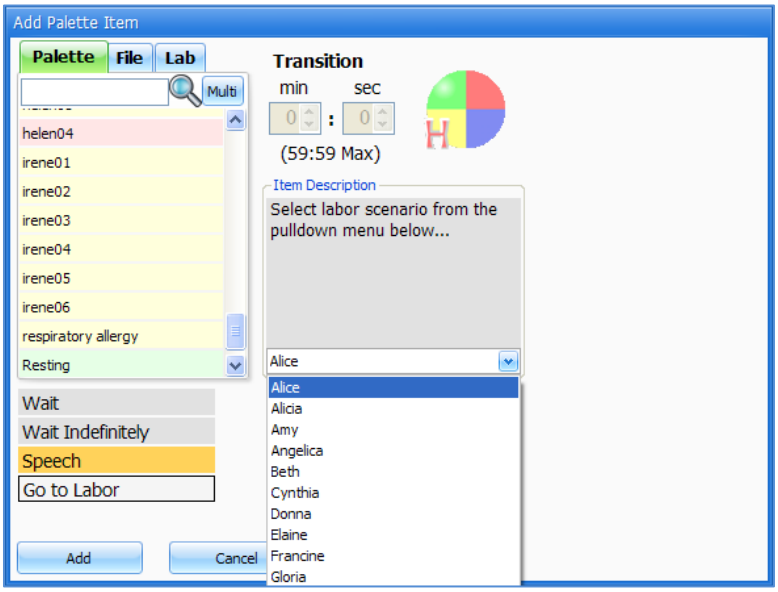


6. Begin the scenario by pressing play. Watch the vital signs adjust according to the specifications of each palette item.

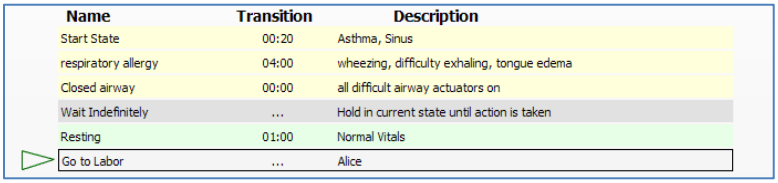
   One can manipulate the scenario items with the **Selected Item** group of buttons on the right side of the page. Most of these functions are also available by right-clicking on scenario items. (When using the stylus, hold the stylus button and tap the screen to do a right-click).

AUTO-TRANSITION TO LABOR SCENARIO

To automatically transition from a linear scenario to a labor scenario, add a “Go to labor” palette at the end of the list. From the drop down, select the labor that will begin at the end of this scenario and click add.



Upon reaching the “Go to Labor” palette, the software will automatically begin the labor scenario named Alice.



Name	Transition	Description
Start State	00:20	Asthma, Sinus
respiratory allergy	04:00	wheezing, difficulty exhaling, tongue edema
Closed airway	00:00	all difficult airway actuators on
Wait Indefinitely	...	Hold in current state until action is taken
Resting	01:00	Normal Vitals
Go to Labor	...	Alice

Warning:
Prepare the simulator for delivery before using a linear scenario that automatically transitions to a labor scenario.

NEWBORN FACTORY PRESET SCENARIOS

These scenarios in the Quick Start Newborn profile when the Newborn software is activated. There are eleven linear scenarios.

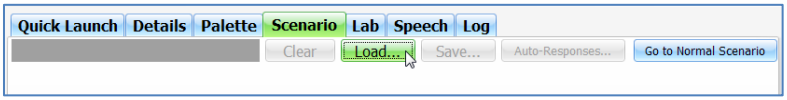
Scenario Name	Scenario Description
Linear	
Alice's Baby	Healthy baby
Asphyxia Scn	Baby has an asphyxia attack and the providers need to give ventilations to help bring back the vitals to a healthy state.
Beth's (Donna's) Baby	Baby is born with a mild asphyxia that needs attention. Once ventilations start the baby's vitals go to a healthy state.
Cynthia's Baby	Male infant with central cyanosis, limp, flaccid and requires immediate resuscitation. No spontaneous movement of right arm is noted. Stat CXR reveals a fractured right clavicle and right pneumothorax.
Elaine's Baby	This baby is born with moderate asphyxia, and will require CPR and oxygen to bring the vitals to a healthy state.
Francine's Baby	This baby was born through a C-Section and is responsive but need some attention, after a while all vitals go to a healthy state.
Gloria's Baby	This baby is born with mild asphyxia, but no matter how good the interventions are, this disastrous intrapartum complication results in neonatal death.
Helen's (Irene's) Baby	This baby is born with a severe asphyxia that has to be treated immediately, after ventilations and EPI have been given, the baby's vitals go towards a good outcome.
MAS	Meconium aspiration syndrome
RDS	Newborn with mild Respiratory Distress
TTN	Transient Tachypnea of the Newborn

BRANCHING SCENARIOS

Unlike linear scenarios, which progress from one palette to the next, the interactive branching scenario controls allow the facilitator to change the scenario's trajectory in response to provider actions. To access the Branching window, click the "Go to Branching Scenario" button on the Scenario tab.

BRANCHING SCENARIO SCREEN

The top panel buttons are used to clear, load and save a scenario, or to switch from branching to linear scenarios. Click "Load Scenario" to access the preprogrammed branched scenarios in the Quick Start Profile.



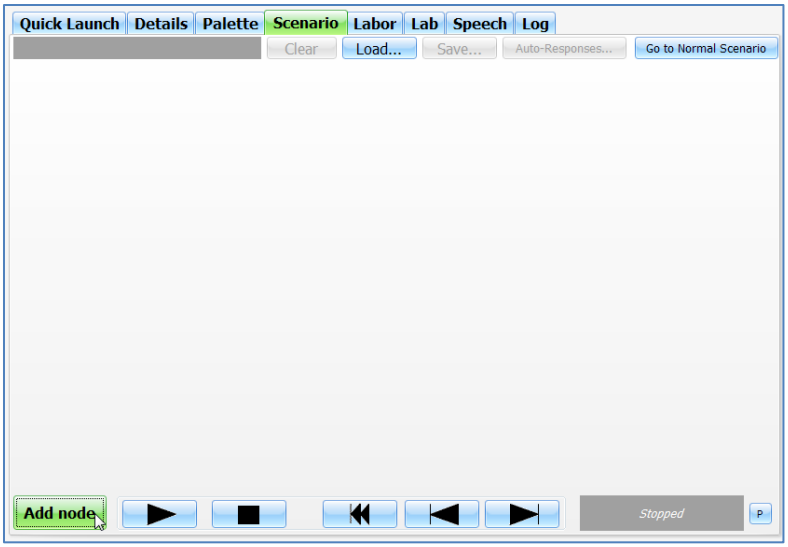
CREATING A NEW BRANCHING SCENARIO

The basic process of creating a new branching scenario is the following:

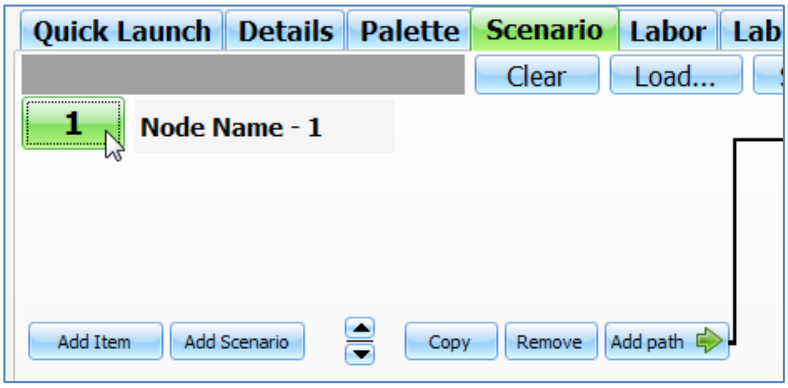
- Add nodes
- Add palettes or scenarios to each node
- Add paths to nodes that require provider action
- Create key events to alter the progress and trajectory of the nodes within the scenario

ADDING NODES

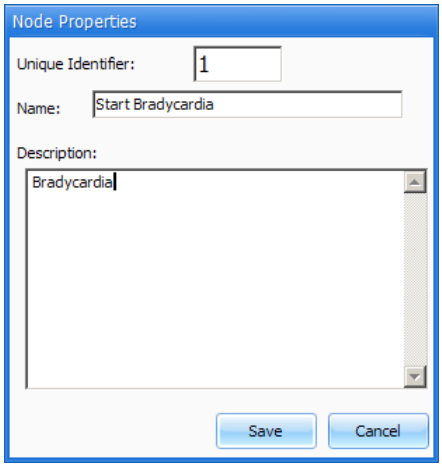
A branching scenario consists of several "Nodes". Each node is preconfigured to run a normal scenario or a series of palettes simulating a specific condition or effect. To add nodes, click the "Add node" button.



Click the node's identifier number to edit the node properties.

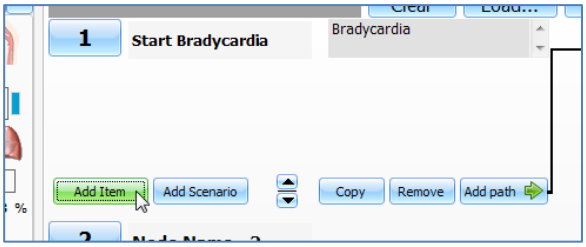


Enter a name for the node and description, then click "Save".



ADDING PALETTES OR SCENARIOS TO A NODE

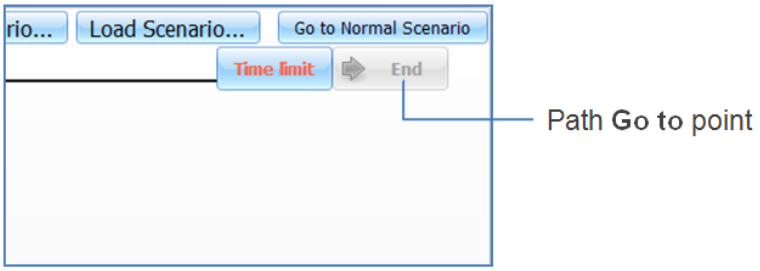
Click "Add Item" to add palette items or "Add Scenario" to add full scenarios to this node.



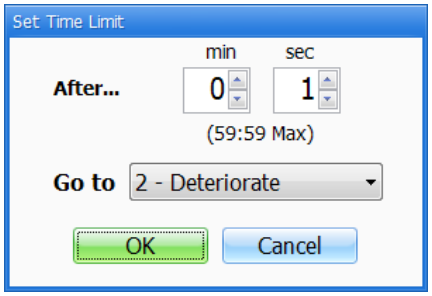
In this example, the following nodes are created: [1] Start Bradycardia, [2] Deteriorate, [3] Interventions, [4] Atropine, [5] Epinephrine, [6] Dopamine and [7] Pace. Each node is programmed with palettes that simulate the effect described.

ADDING PATHS

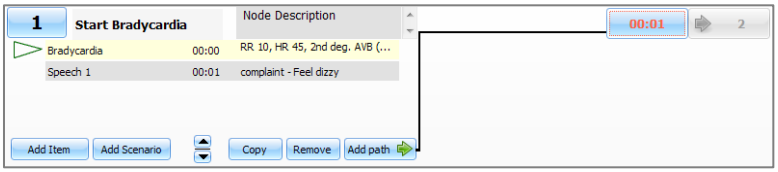
A path refers to the trajectory from one node to another after the last palette in a node expires. Click on the “Time Limit” icon to modify the “Go To” point for the default path.



Configure the countdown timer and the “go to” point for the default path. Click “OK” to save. After the last palette expires, the scenario will move on to the node as indicated by the arrow.

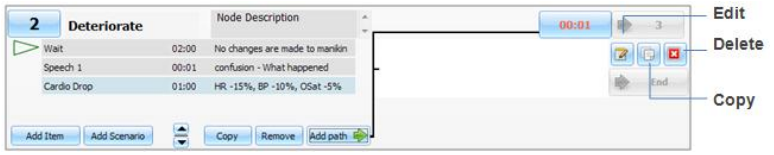


Node 1 is now configured to continue to Node 2 as indicated by the path’s time limit.

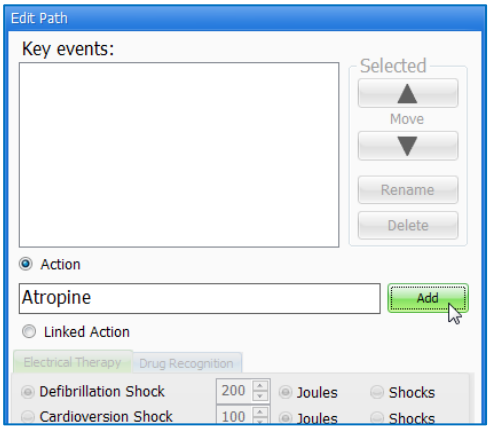


KEY EVENTS

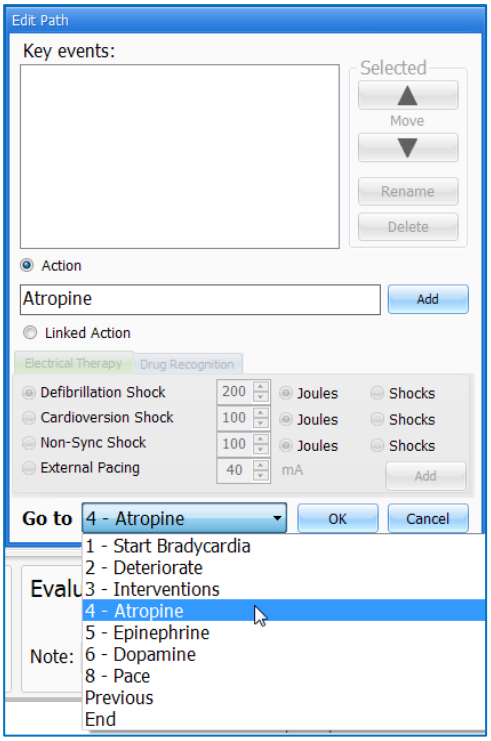
Key events allow the facilitator to select from multiple paths within a node to alter the trajectory of the scenario. To add a key event to a node, first click the “Add path” button to add an alternate path, and then click the key event “Edit” button.



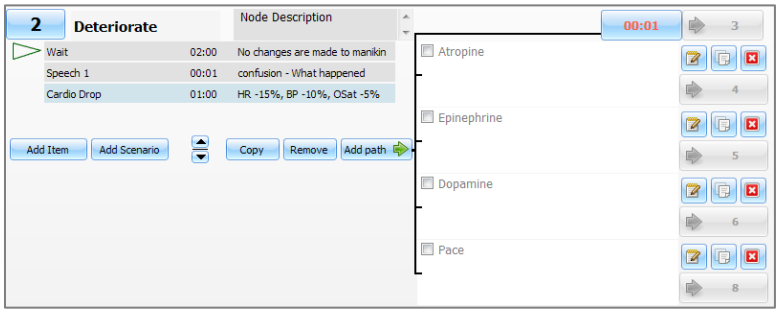
Use the Edit Path window to name, sort and create key events. First, type a name for the action, and then click “Add”.



After the action is added to the Key Events list, assign the node that this action will move the scenario to using the “Go to” menu. Click “OK” to save changes.



In the example below, node 2 is configured with four alternate paths. Once the provider performs any one of the actions listed as key events, the facilitator will checkmark the key event to alter the trajectory of the node sequence.



SAMPLE BRANCH SCENARIO DIAGRAM

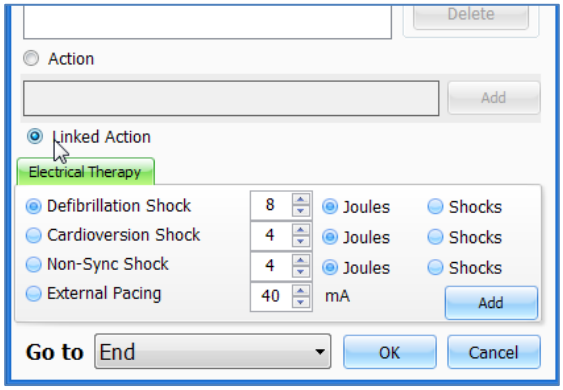
<table>
<tr><th>Node</th><th>Node Name</th><th>Description</th></tr>
<tr><td>1</td><td>Start bradycardia</td><td>Node vital signs palettes simulate bradycardia. Go to node 2.</td></tr>
<tr><td rowspan="3">2</td><td rowspan="3">Deteriorate</td><td>Vital signs palettes deteriorate the patient’s condition by -15%.
Care provider has 4 options. Each option (key event) moves the scenario to the node specified. If no action is taken, the scenario will move to node 3 at the end of the time limit.</td></tr>
<tr><td>Key event</td></tr>
<tr><td>Atropine Node 4 | Epinephrine Node 5 | Dopamine Node 6 | Pace Node 7</td></tr>
<tr><td rowspan="3">3</td><td rowspan="3">Intervention</td><td>Wait indefinitely, vital signs are on hold. Provider is to intervene again.</td></tr>
<tr><td>Key event</td></tr>
<tr><td>Atropine Node 4 | Epinephrine Node 5 | Dopamine Node 6 | Pace Node 7</td></tr>
<tr><td>4</td><td>Atropine</td><td>Node vital signs palettes simulate the response to atropine. Time limit: Go to node 3 after 1 minute.</td></tr>
<tr><td>5</td><td>Epinephrine</td><td>Node vital signs palettes simulate the response to epinephrine. Time limit: Go to node 3 after 1 minute.</td></tr>
<tr><td>6</td><td>Dopamine</td><td>Node vital signs palettes simulate the response to dopamine. Time limit: Go to node 3 after 1 minute.</td></tr>
<tr><td>7</td><td>Pace</td><td>Vital signs simulate the effect of pacing. Scenario ends.</td></tr>
</table>

LINKED ACTIONS

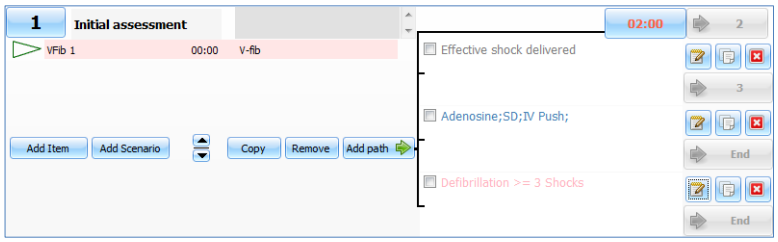
A Linked action automatically triggers a key event when virtual electrical therapy is detected. To add a linked action, first open the Edit Path window.

Warning:
Do not apply electrical therapy using real medical equipement.

Click the Linked Action radio button and select from Defibrillation Shock, Cardioversion Shock, Non-Sync Shock or External Pacing. Then, set the parameters for response to either joules or number of shocks.

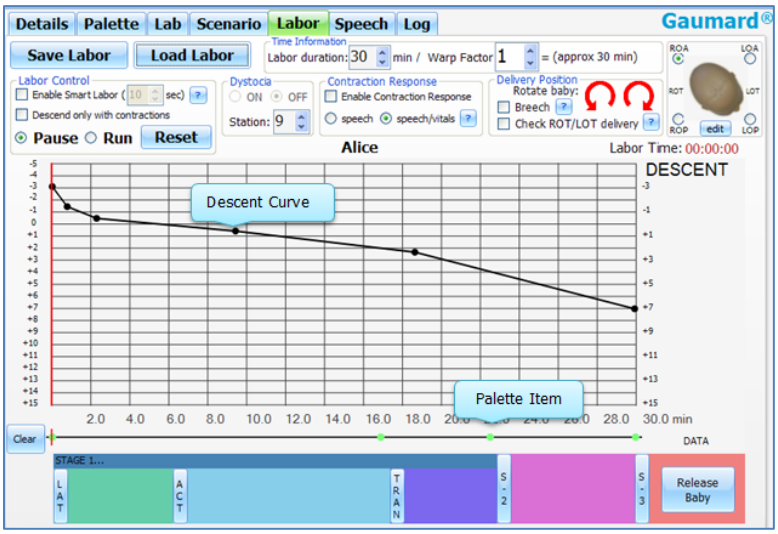


Specify the “Go To” node the linked action will move the scenario to and click the “Add” to insert the electrical therapy into the Key Events. Click OK to save the changes. To apply electrical therapy, use the virtual shock panel.



Labor

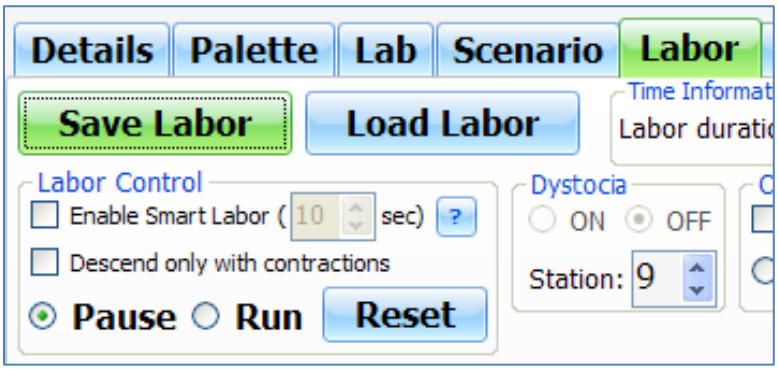
The most advanced method of controlling the NOELLE birthing system is to build a Labor Scenario, which is a sequence of Palette Items with delay periods corresponding to a labor curve.



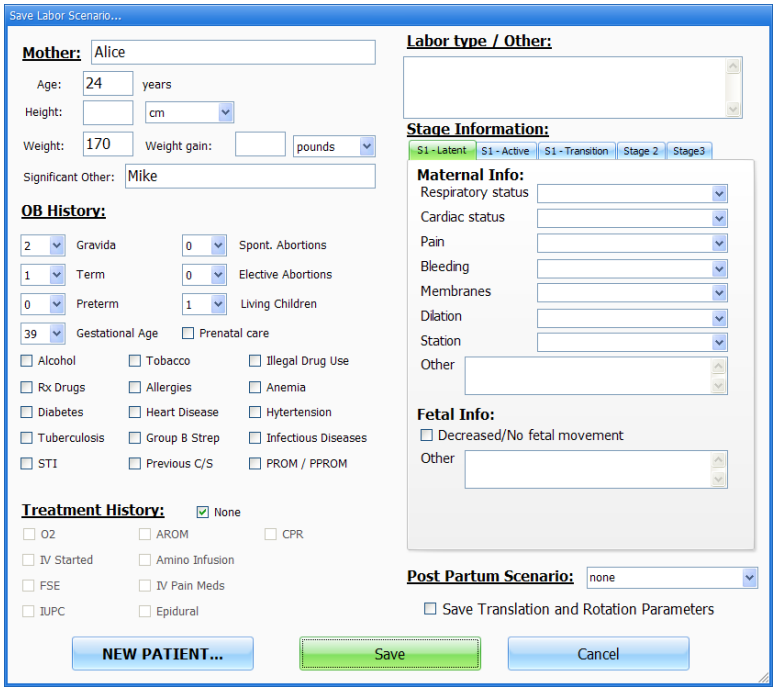
The sections that follow describe in detail the function of the various controls found in the Labor page.

SAVE LABOR

Click on the **Save Labor** button to save the current configuration of the descent curve.



The window shown below opens. Use this window to input relevant information about the scenario for future reference. You **must** enter the Mother's name which will become the name of the scenario. All the remaining information can be left blank, as it is optional.



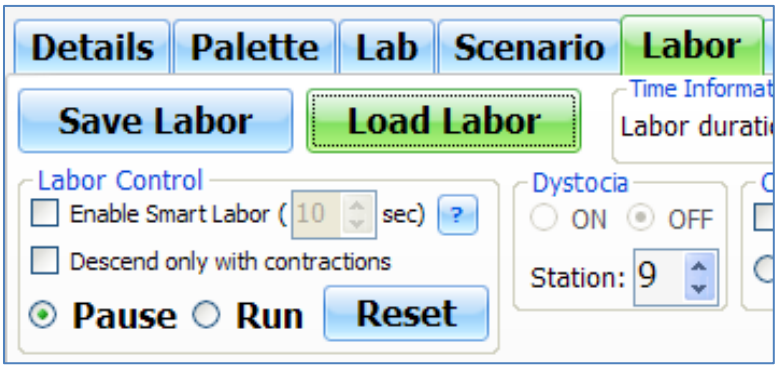
The Save Labor Scenario dialog box is divided into the various sections listed below:

- **Mother**: you can enter specific information about the mother including age, height, weight, among others. The only field that **must** be completed is the name of the Mother.
- **OB History**: Use this section to select specific details about the medical history of the patient.
- **Treatment History**: Use this section to check off any treatment histories that apply.
- **Labor type / Other**: Use this field to enter specific text regarding the labor. Entries may include notes such as "Postpartum Hemorrhage" or "Preterm Labor."
- **Stage Information**: this section contains a total of five tabs. Each tab corresponds to a labor stage. Use each tab to describe specific details about the patient during each stage of labor.
- **Post-Partum Scenario**: You can link a labor scenario to a postpartum scenario. This allows the software to automatically start the post-partum scenario upon delivery of the fetus and completion of the labor scenario.

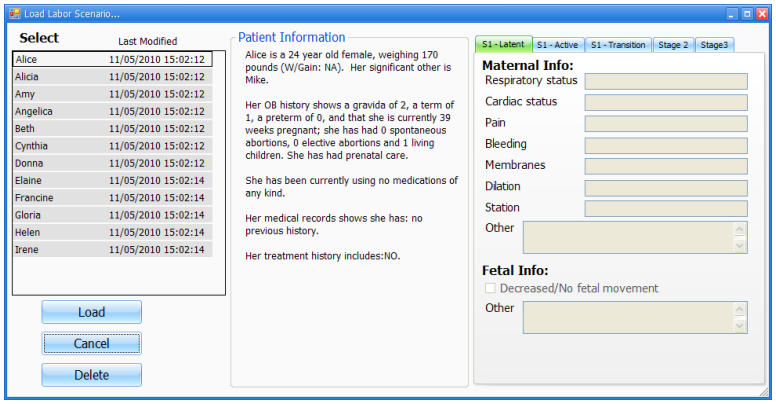
To view the Stage information while a labor is in progress, click on the label for the corresponding labor stage. **Refer to Page 116 for more information.**

LOAD LABOR

To load a labor scenario, click the “Load Labor” button on the Labor tab and the Load screen will open.



All the previously saved files will appear on the left-hand side text box. A single click over a name displays the patient information for that labor scenario. To see the details for each stage, select each tab on the right hand side individually.

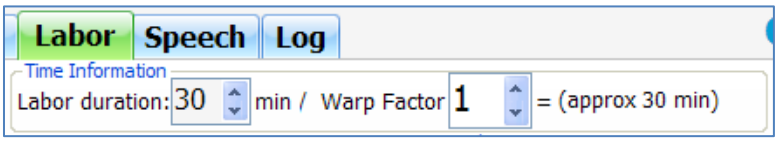


The preset labor scenarios are only found in the “Quick Start NOELLE or “NOELLE Advanced” profiles. There are no factory preset scenarios in the “Default Profile.”

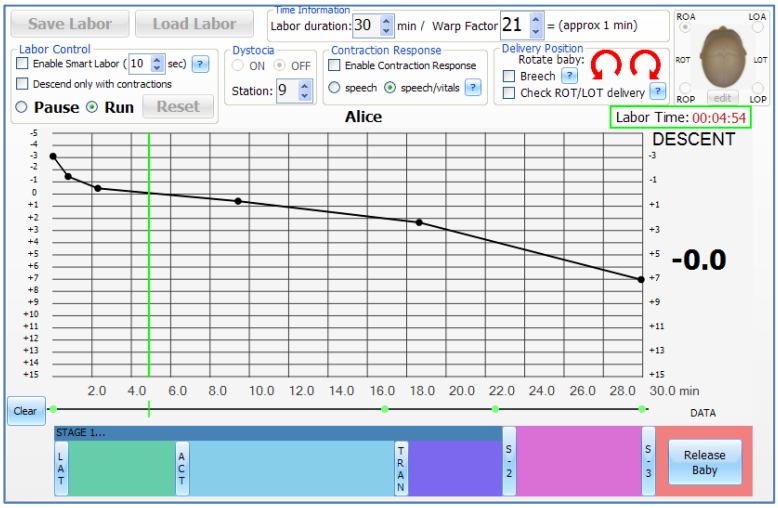
TIME INFORMATION

Labor duration: This is the time of the delivery being simulated from stage one to stage three.

Warp Factor: By increasing this number the labor duration will be shortened so that the labor can be simulated faster. An approximation of the “Labor duration” will be given in parenthesis. In this way, a two-hour labor can be simulated in five minutes as an example.



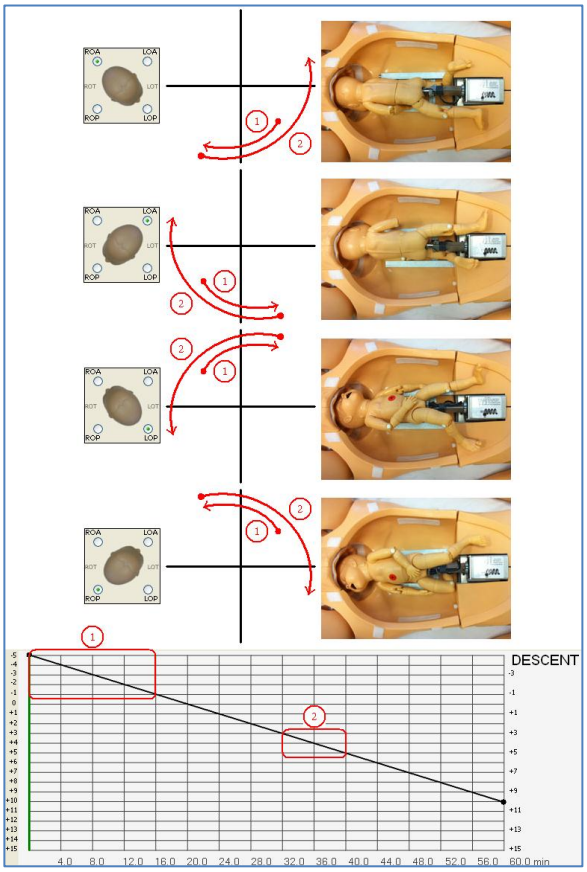
Labor Time: This timer represents the time on the labor curve.



DELIVERY POSITION

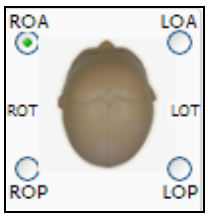
NOELLE's birthing mechanism can be preset to four different initial configurations, if a regular vertex delivery is desired. These conditions are ROA, LOA, LOP and ROP. It is very important that once the motor has been reset, the instructor selects the desired delivery configuration in the software. Then the baby has to be connected representing this state.

Select the initial position for the baby. Make sure it represents the position at which the baby was inserted inside NOELLE.



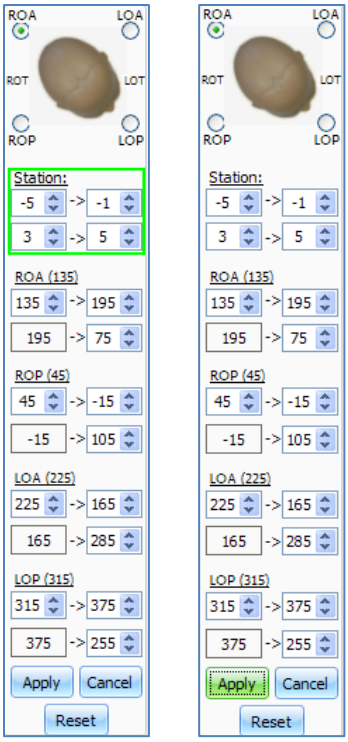
Each of these states has a different rotation program that will represent the internal rotation and the external rotation. The rotation is also dependent on the labor curve. Notice that the internal rotation (marked as “1” on the diagram above) will be calculated between the stations −5 and −1, and the external rotation (marked as “2” on the diagram) will be calculated between the stations +3 and +5. If by any chance a labor curve is designed in such a way that the first point of the curve is below −1, the internal rotation will not be calculated.

The rotations may be edited by the instructor. Click on the “Edit” button at the bottom of the head rotation selection box to expand the fields. The first two rows allow you to set where in the delivery curve the two rotations occur. The software will not allow an overlap of the rotations – the stations specified for Rotation 2 will always be values greater than those specified for Rotation 1 (further down the curve)



Each head position has two pairs of fields, one pair each for Rotation 1 and Rotation 2. The provider can set the arc of the rotation to be as shallow or complete as desired. Please remember that the zero point in the arc will always be at the top of the head position rotation box, between ROA and LOA.

Below is an expanded view of the “Edit” control.



These settings will be retained until either altered again, or the “Reset” button is pressed. “Reset” will return all stations and arcs to factory defaults.

Make sure the labor curve covers all the points from −5 to +5 if both rotations are desired. Also notice that the rotations are somewhat exaggerated — this is done because the head swivels a couple of degrees separately from the alignment of the torso. The torso is the portion of the baby that’s being rotated by the motor, so the head lags behind by a small amount.

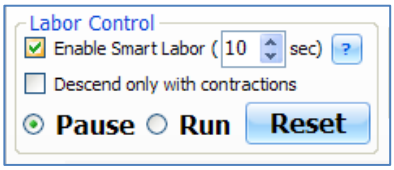
Rotate baby: Both of these arrows allow the instructor to rotate the baby to any desired position while the delivery is in progress.

Breech: Use this control when planning a breech delivery. When selected, it disables the motor rotation.

Check ROT/LOT delivery: this control limits the release mechanism to trigger only when the neonate's shoulders are positioned vertically. If the shoulders are not aligned vertically, the mechanism will not release. The only way to detach the baby then is by manually clicking on the "Release Baby" button.

LABOR CONTROL

Enable Smart Labor: this option allows you to run all non-speech palettes in real time. You can specify for how long the palettes will run in real time. The software defaults to ten seconds.



When the Smart Labor is activated, the window circled in red below is displayed:

Hide the message by clicking the "Hide" button or "Stop" that palette from running in real time; otherwise, the message will display for ten seconds. The number in red indicates how many seconds are left before switching back to warped speed. The name of the palette being applied in real time is also shown in this dialog box.

Descend only with contractions: If checked, this option configures the motor to descend ONLY when there is a contraction.

Run: Begins a labor and **initializes the birthing mechanism**. The red bar on the left of the labor screen turns green when labor scenario is running.

Warning:
Do not initialize the birthing mechanism until reading Working with NOELLE and Care and Cautions sections of this guide for important information on preparing NOELLE for delivery.

Pause: This button pauses the labor.

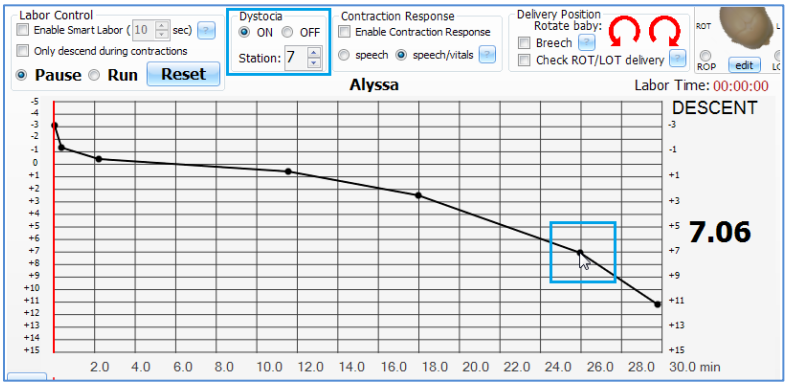
Reset: This button will reset the motor to the initial position and also reset the labor scenario to its initial conditions. The reset button is enabled only when a labor is paused. If a labor is running, this button will be grayed out. To troubleshoot the motor mechanism, navigate to page 183.

DYSTOCIA

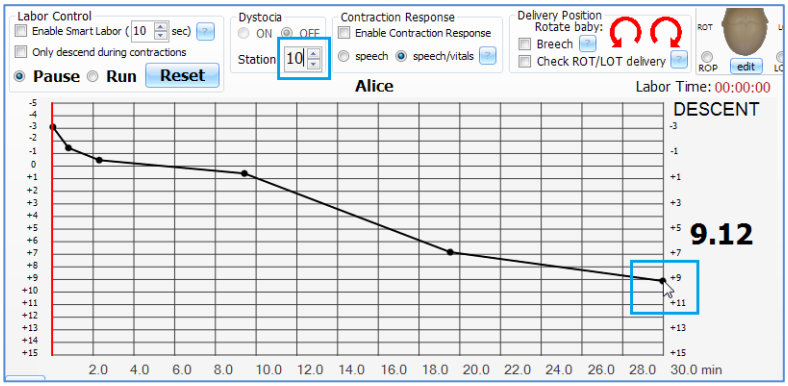
The dystocia controls will be activated only if the last point on the descent curve is lower than the dystocia threshold set on the "Options" or on the "Dystocia Control Box". Dystocia can be used during any scenario by switching the control on in the Dystocia control box. When the dystocia is set to "On" and the labor starts, the warp factors for labor and perinatal monitor will change to real time (warp factor 1) as the descent curve passes the preset dystocia threshold. While in dystocia mode, a "Turtle Sign" will occur with each uterine contraction.

The dystocia controls are disabled when the last point on the descent curve is less than the indicated dystocia station.

In the example below, dystocia controls are disabled because the last point is less than **seven** (the current dystocia station).

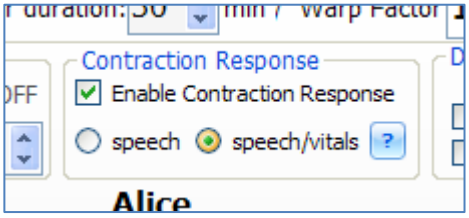


In the example below, shoulder dystocia and turtle signs begin station 10.



CONTRACTION RESPONSE

The contraction response feature makes your labor simulation more realistic. When enabled, this feature can automatically make changes to the maternal vital signs or add speech palettes during the contraction.



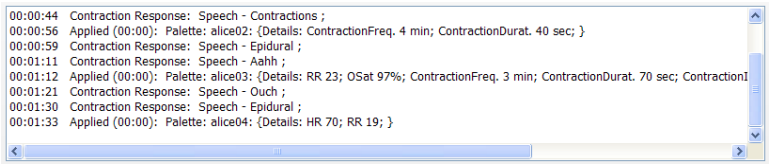
There are two kinds of patients that you can simulate: Pain-controlled patients and patients with uncontrolled pain. The changes made are different depending on the selection speech or speech/vitals.

Selection	Maternal Vital Signs Changes	Audio Palettes	Notes
Speech	No Changes	"I think I'm having contractions"	Simulates a patient that is pain-controlled
Speech/vitals	Increase HR, BP and RR	"Ouch," "Ahhh," "Please, I need something for the pain," "Please give me an epidural."	Simulates a patient that is NOT pain-controlled

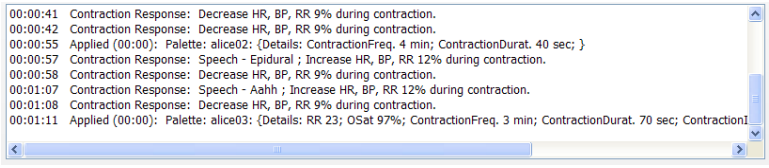
The changes are applied only during the length of the contraction. At the end of a contraction, the maternal vital signs-if changed- adjust back to the previous setting.

When a contraction response is applied, the changes are recorded in the Log page.

Pain controlled patient:

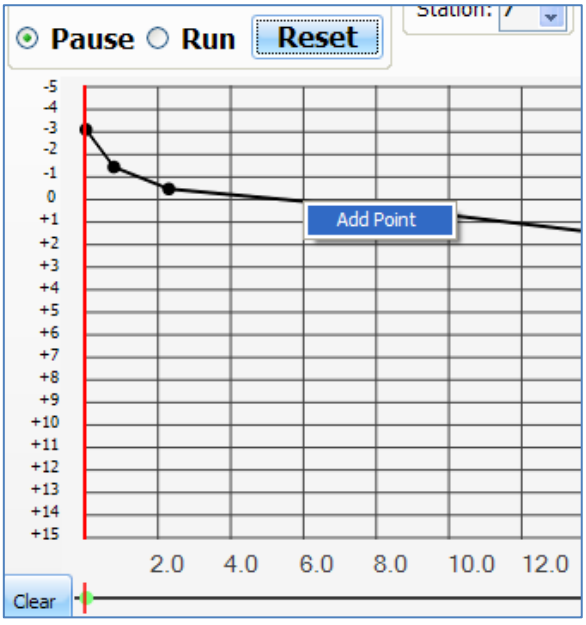

00:00:44 Contraction Response: Speech - Contractions ;
00:00:56 Applied (00:00): Palette: alice02: {Details: ContractionFreq. 4 min; ContractionDurat. 40 sec; }
00:00:59 Contraction Response: Speech - Epidural ;
00:01:11 Contraction Response: Speech - Aahh ;
00:01:12 Applied (00:00): Palette: alice03: {Details: RR 23; OSat 97%; ContractionFreq. 3 min; ContractionDurat. 70 sec; ContractionI
00:01:21 Contraction Response: Speech - Ouch ;
00:01:30 Contraction Response: Speech - Epidural ;
00:01:33 Applied (00:00): Palette: alice04: {Details: HR 70; RR 19; }

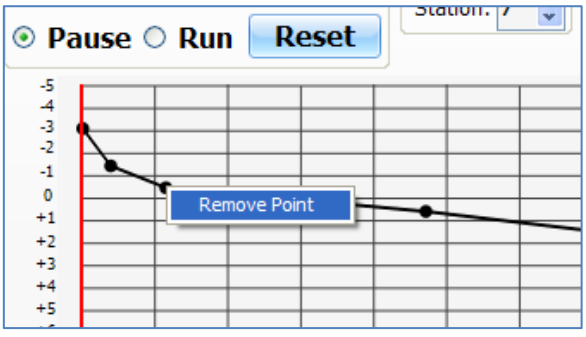
No pain controlled patient:


00:00:41 Contraction Response: Decrease HR, BP, RR 9% during contraction.
00:00:42 Contraction Response: Decrease HR, BP, RR 9% during contraction.
00:00:55 Applied (00:00): Palette: alice02: {Details: ContractionFreq. 4 min; ContractionDurat. 40 sec; }
00:00:57 Contraction Response: Speech - Epidural ; Increase HR, BP, RR 12% during contraction.
00:00:58 Contraction Response: Decrease HR, BP, RR 9% during contraction.
00:01:07 Contraction Response: Speech - Aahh ; Increase HR, BP, RR 12% during contraction.
00:01:08 Contraction Response: Decrease HR, BP, RR 9% during contraction.
00:01:11 Applied (00:00): Palette: alice03: {Details: RR 23; OSat 97%; ContractionFreq. 3 min; ContractionDurat. 70 sec; ContractionI

DESCENT CURVE

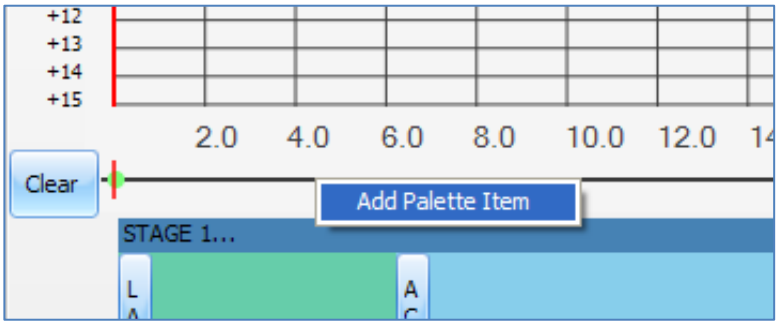
The descent curve represents the position of the fetal head relative to the ischial spines in centimeters, from −5 cm to +10 cm (station). The user can manipulate this curve by clicking over a point on the line and dragging it to the desired location on the grid. In order to add more points, right-click on the line between existing points and select “Add Point”. To remove points, right-click over the point and select "Remove Point".



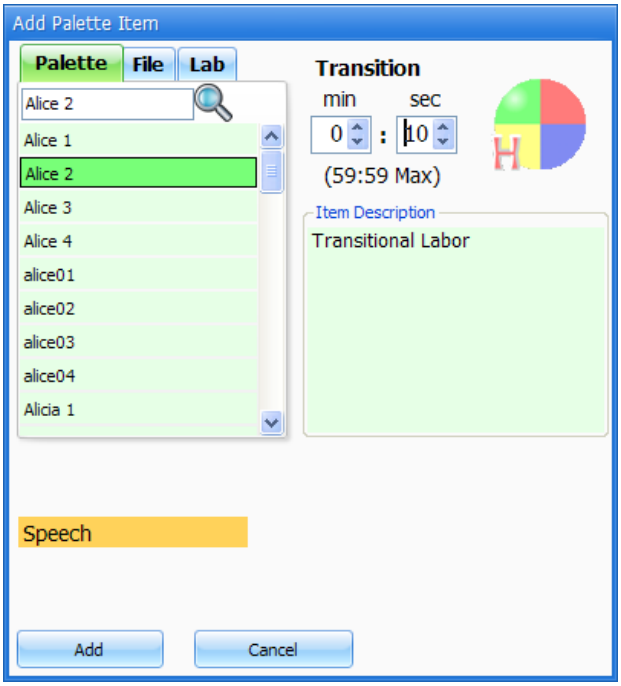


TIME LINE

The time line is where Palette Items are added to build the labor scenario. As the time indicator line passes over each point, the corresponding Palette Item is implemented. To add a palette item, right-click on the time line and select “Add Palette”. This will open a window with all the palette items available in the current profile.

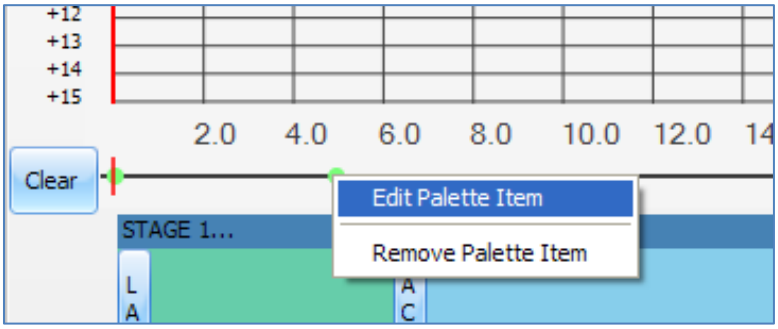


Select a palette item or speech and specify a transition time, then click **Add**.



Once the point has been added, you can touch it with the stylus and drag it to the desired location on the time line. Double-click over the point to bring up a window displaying the properties of the Palette Item represented by the point.

To remove or edit a palette item from the time line, right click over the point and select the desired option.



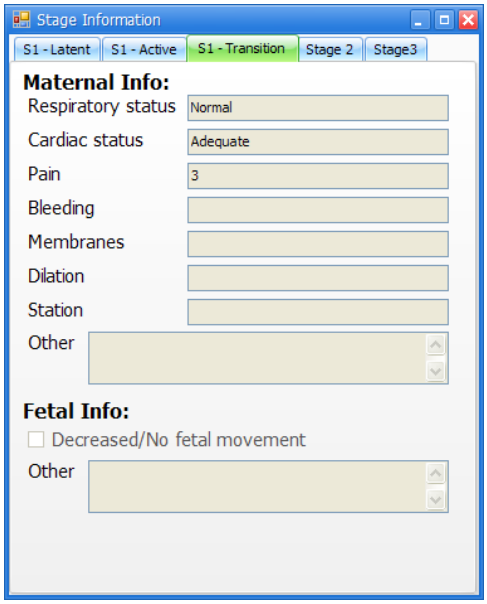
The user can remove all palette items at once by pressing the "Clear" button located to the left of the timeline. When all palette items are removed the user is left with a clean slate to either rebuild or to completely change the scenario.

STAGES

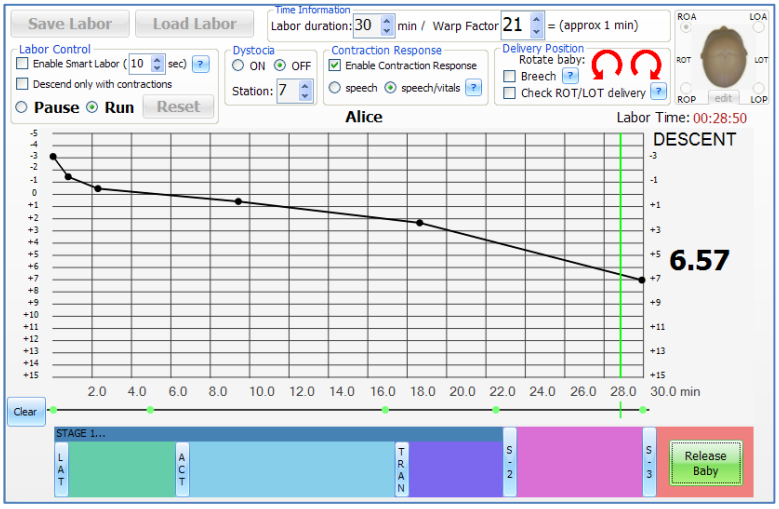
The stages (shown in colored blocks under the timeline) are also dependent on the descent curve.

The blocks, representing different stages of labor, change size as the points on the descent curve are moved. Click on each stage label to view the details.

This information was assigned when the scenario was created.



Release Baby: This button activates the release mechanism on the baby, which allows either the providers to disengage the baby or the instructor to connect the baby.



After clicking on the Release Baby button, as shown below, the system will take a few seconds to send the release commands to the simulator.

LOCKING MECHANISM

Once the baby is plugged into the motor arm, the locking mechanism acts twice to secure the birthing baby (a clicking noise can be heard coming from inside the baby). The user then must hold the baby until the noise stops, and make sure that it is locked by pulling the baby to check that it is held fast. For more information on preparing the simulator for delivery, navigate to page 101.

Follow the guidelines below when releasing the baby from the birthing mechanism. To troubleshoot any additional issues, please navigate to page 183.

If shoulder dystocia turned OFF:

- The release mechanism is automatically actuated ten times in one-second intervals once vertical progress bar reaches **STAGE 3.**
- The baby has descended more than 80% of its entire translation (baby's head is out) and user pulls the baby with more than three pounds of force.
- By pressing the **Release Baby** button inside the "Labor" tab.

If shoulder dystocia is turned on:

- When user pulls the baby with more than 35 lbs., the baby is released as a safety feature in order to avoid damage
- By pressing the **Release Baby** button inside the "Labor" tab.

- Allow at least 30 seconds after the baby has been initially locked before trying to release it.
- The labor progress line reaches Stage 3 and dystocia is turned off.

Warning:
Guide the baby out of the birth canal by gently pulling in line with the birthing mechanism. Pulling the baby upward or downward in contrast to the birthing mechanism's linear trajector may bend the motor arm and cause damage to the birthing mechanism.

LABOR ACTIVITY

As labor progresses, the manikin will detect manipulations performed on the fetus by the care providers. Activity on the fetus prompts the "Activity on Fetus" window to appear on the tablet screen, providing the instructor with feedback on pulling force, uterine contractions, torque on the baby (twisting force) and shoulder position. The instructor can evaluate the providers in terms of pulling in, or out of, sync with uterine contractions. The labor activity is a beneficial tool for the instructor as excessive forces applied to the fetus by care providers during delivery can lead to brachial plexus injuries. All of these values will be given in real time and they will be recorded by the graphical interface for further analysis.

Peak Force - measurement of how hard the provider is pulling the fetus. (Can be displayed in lbs. or Newton)

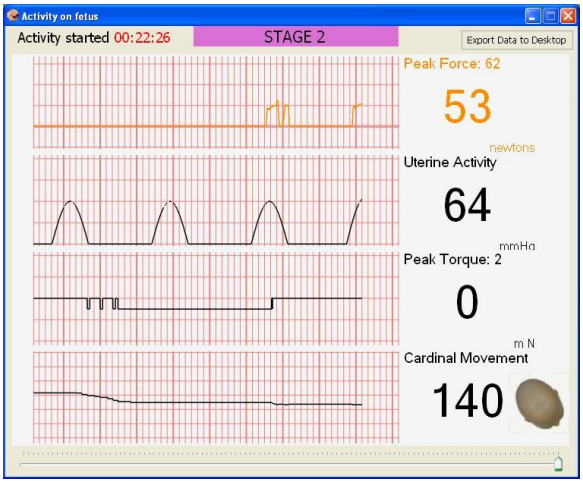
Uterine Activity - contractions generated by NOELLE.

Peak Torque - measurement of the torque induced as the provider rotates the fetus; negative readings represent counter clockwise rotation, and positive values represent clockwise rotation.

Cardinal Movement - the angular position of the baby is measured in degrees, taking into account that "0 degrees" corresponds to the fetus facing upwards with the shoulders horizontal.

Export Data to Desktop - exports labor force data to an Excel file. Use the data to make graphs to study trends and performance patterns.

Slider - The slider at the bottom of this screen lets you rewind the strip to see the previous graph data.



FACTORY PRESET LABOR SCENARIOS

NOELLE has a total of thirty-six factory preset labor scenarios, which were designed in conjunction with healthcare professionals. The scenarios are divided into two separate profiles. Below is information on the scenarios available under the quick start and NOELLE Advanced scenarios.

QUICK START SCENARIOS

Scenario Name	Labor Type	History	Overview
Alice	Normal	Alice is a 24 year old gravida 2/1 at 39 weeks. She weighs 170 pounds. She has had prenatal care. She has not been using medications of any kind.	Runs for 30 minutes. Labor progresses normally and fetal heart tones remain within normal limits. The normal male infant earns good APGAR scores.
Alicia	Variations on Normal	Alicia is a 24 year old gravida 2/1 at 39 weeks. She weighs 160 pounds. She has had prenatal care. She has not been using medications of any kind.	Runs for 20 minutes. Labor progresses normally and fetal heart tones remain within normal limits. The normal infant earns good APGAR scores.
Amy	Variations on Normal	Amy is 19 years old 1/0 at 40 weeks. She weighs 160 lbs.	Runs for 30 minutes. Labor progresses normally and fetal heart tones remain within normal limits. The baby earns good APGAR scores.
Angelica	Variations on Normal	Angelica is a 31 year old gravida 5/3 at 41 weeks. She weighs 160 lbs. She has experienced no prenatal complications and has a history of fast labors.	Runs for 20 minutes. Labor progresses normally and fetal heart tones remain within normal limits. The normal infant earns good APGAR scores.
Beth	Variations on Normal	Beth is a 16 year old gravida 2/0 at 37 weeks. She has had one elective abortion. She has had prenatal care.	Runs for 10 minutes. Fetal descent is rapid. Fetal baseline is maintained at 150. Nuchal chord is evident and moderate bleeding is noted immediately following delivery from a second degree perineal laceration. The normal female infant is limp, dusky and does not cry spontaneously. Baby is hypothermic and tachypneic.
Cynthia	Shoulder Dystocia	Cynthia is a 31 year old gravida 3/1 at 41 weeks. She weighs 170 lbs.	Runs for 30 minutes. Labor progresses normally and fetal heart tone baseline remains within normal limits. Patient is unable to fully “crown.” Vacuum extractor is required to deliver the head. Shoulder dystocia is encountered and McRobert’s and suprapubic pressure maneuvers are required. Male infant is centrally cyanotic, limp, and flaccid and requires immediate resuscitation. Stat CXR reveals a fractured right clavicle and right pneumothorax.
Donna	Breech	Donna is a 20 year old gravida 4/2 at 31 weeks. She weighs 180 lbs. She has had one elective abortion. She has had prenatal care.	Runs for 20 minutes. Labor progresses quickly and breech is delivered by the nurse. Meconium is noted. The preterm female baby cries weakly with stimulation but color and tone are poor. She is transferred to the nursery for stabilization and continuing care.

Scenario Name	Labor Type	History	Overview
Elaine	Preeclampsia	Elaine is a 23 year old gravida 1/0 at 37 weeks. She weighs 140 lbs. She has had prenatal care. She complains of mind frontal headache. 3+tibial edema and 4+ DTRs with 2 beats clonus are noted.	Runs for 40 minutes. Progressive cervical change and fetal descent are noted during 9 hour induction. Fetal descent continues with little active pushing. FHTs show decreased variability and mild to moderate decelerations. Delivery is accompanied with outlet forceps. Female infant is dusky, limp and does not breathe spontaneously at delivery. Meconium is noted and a small amount is observed below vocal cords. Baby is suctioned and is eventually transferred to NICU for continued observation.
Francine	Cesarean Delivery	Francine is a 19 year old female gravida 2/1 at 37 weeks. She weighs 145 lbs. She has had prenatal care. She has STD, Herpes.	Runs for 10 minutes. Delivery of male infant is accomplished through a low transverse uterine incision. The infant exhibits good tone and cries spontaneously at delivery, peripheral.
Gloria	Cord Prolapse	Gloria is a 34 years old gravida 1/0 at 25 weeks. She weighs 190 lbs. She has had prenatal care.	Runs for 10 minutes. Gloria arrives at the hospital with ruptured membranes and an obviously prolapsed cord. Profound fetal bradycardia is noted. Delivery occurs almost immediately after the patient is moved to the delivery room. C&S is obtained and sent to pathology. The male infant is placed on infant warmer. His earns APGAR score
Helen	Hemorrhage	Helen is a 25 year old gravida 1/0 at 35 weeks. She weighs 180 lbs. She has had prenatal care.	Runs for 30 minutes. FHT remain WNL. Midline episiotomy is performed and the delivery is spontaneous. The placenta delivers but is not intact. Bimanual uterine exploration removes small amount of placental tissue. The male infant is pale and flaccid. He is covered with vernix and blood. Neonatal resuscitation is begun immediately.
Irene	Cesarean Delivery	Irene is a 19 year old gravida 2/0 at 29 weeks. She has had one spontaneous abortion.	Runs for 45 minutes. Sterile speculum exam indicates a shortened cervix with a cerclage in place. Fluid is noted in the vaginal vault and ferning is positive. Breakthrough contractions occur and sterile speculum reveals cervical change. Cerclage is removed. Fetal heart tones remain stable throughout the short labor. Spontaneous delivery occurs. The female infant born earns good APGARs.

Patient Name	Labor Type	History	Overview
Alyssa	Normal Labor	Alyssa is a 23 year old primip at term. She has received prenatal care in a multidisciplinary practice. Her general health is good and she has experienced no prenatal complications. She wants to have an unmedicated natural birth.	Runs for approximately 30 minutes. Simulates 8 hour labor without complications resulting in SVD over intact perineum. Baby is vigorous and earns good APGARS.
Angela	Normal Labor	Angela is a 31 year old grand multip. Even though she has had only a few contractions she came in anyway because she has a history of rapid labors.	Runs for approximately 30 minutes. Simulates normal labor and delivery of grand multip resulting in shorter labor duration.
Becca	Variations on Normal	Becca is a young pregnant teen who is living on the streets. She is a heavy smoker and drug user. She was seen twice in the Adolescent Clinic and referred to Social Services, but she only saw the social worker once and did not go to the follow-up appointment. The extremely precipitous delivery and patient's agitated state should point participants to order tox screen to check for illicit drug use.	Runs for approximately 18-22 minutes. Following ROM, nurse must support fetal head to prevent explosive delivery. Patient has retained secundes therefore bimanual exam is required. **Safety Note**: Instructor is required to reset motor before allowing learner to perform bimanual exam.
Bianca	Variations on Normal	Bianca is a 16 year old gravida 2/1. She had an elective abortion at age 13. She lives with her 17 year old boyfriend and has no contact with her family. She has been inconsistent with appointments at the teen clinic due to transportation issues.	Runs for approximately 30 minutes.La3-25 **Note**: To run full scenario, load Bianca at Admit from scenario tab. Instructor has to set up fetus with Nuchal chord prior to running scenario.
Candice	Shoulder Dystocia	Candice is a 19 year old multip. She and her boyfriend and 3-year-old daughter are homeless and currently living in a car. She has not seen a doctor, but believes that she is about 8 months pregnant.	Full scenario runs for approximately 23-25 minutes. Dystocia drill runs for 15 min. Labor progresses normally for about 6 hours, but after 45 minutes of pushing, patient is unable to bring vertex to perineum. A vacuum extractor is necessary to bring the head to the perineum. Patient is still unable to deliver. McRobert's, suprapubic pressure, Woods and Rubin maneuvers fail. Baby is finally delivered using Gaskin maneuver. **Note**: To run full scenario, load Candice Admit from scenario tab. To run dystocia drill only, load Candice from labor tab.
Charlotte	Shoulder Dystocia	Charlotte is a 31 year old gravida 3/1 at 41+5/7 weeks. Her physician stripped her membranes yesterday and she began contracting during the night. She is admitted in active labor.	Scenario runs for approximately 40 minutes. Baby is delivered after basic shoulder dystocia maneuvers such as McRoberts and stiff arm suprapubic pressure.

Patient Name	Labor Type	History	Overview
Dana	Breech Presentation	Dana is a 24 yr. old multip @ 29 weeks who was admitted because she began contracting. Upon V/E physician discovers that she is 4-5cm with bulging membranes. She was given Terbutaline subQ and then transported to the regional medical center.	Runs for approximately 45 minutes. Instructor must set up baby for double footling breech delivery. To skip resolution of contractions portion of scenario, it is suggested that the instructor warp to around 20 minute mark on the timeline.
Demaris	Breech Presentation	Demaris is a young Hispanic teen who has received prenatal care in the Adolescent OB clinic. She kept the pregnancy a secret as long as was possible and did not attend any childbirth classes. Her plan is to return to high school while her mother cares for the baby. The baby's father will not accept any responsibility and does not wish to be involved.	Runs for approximately 30 minutes. Frank breech position has been confirmed by real time U/S. Patient refuses Cesarean delivery. Pinard maneuver must be utilized to bring the legs down. MLE is performed and baby is delivered.
Eleanor	Preeclampsia	The ER is notified that EMS is about 4 minutes away with a 19 year old pregnant, post-ictal patient named Eleanor. Her aunt found her convulsing in the bathroom and called 911. The aunt told the EMS providers that Eleanor was 8½ months pregnant with her first baby and that it was a difficult family situation. She added that Eleanor had just moved in with them and had not yet seen a doctor. The paramedic reports to the ER physician by radio that the patient is responsive only to pain. Her initial blood pressure is 180/120. The EMS crew applies a C-collar and move her onto a backboard for transport. The paramedic initiates ECG monitoring and does a genital exam before they move her. She notes a small amount of vaginal bleeding. The crew moves her to the ambulance and the paramedic starts an IV of LR and initiates oxygen @ 10L by non-rebreather mask. She monitors the ECG and VS during transport, and also tilts the backboard about 15º to the left with a blanket roll to decrease vena caval compression. Eleanor has no further seizure activity during transport, but her BP remains consistently 180/110. The ER notifies L&D about the patient and asks that an OB nurse come to the ER to assist.	Runs for approximately 20 minutes. Instructor must place C-collar on NOELLE simulator before beginning scenario. During delivery, patient has tonic-clonic seizure followed by tetanic contractions. Fetal baseline drops to approximately 60 bpm. SVD occurs very quickly. Infant is cyanotic and limp, and no respiratory effort is evident. Baby is pronounced dead after 20 minutes of resuscitation.
Erin	Preeclampsia	Erin is a 28 yr old @ 38 weeks admitted by her physician for preeclampsia. She is started on Magnesium sulfate per protocol, induced with pitocin and her membranes are ruptured. Light meconium staining is noted following AROM.	Runs for approximately 60 minutes. Upon induction of pitosin and rupture of membranes, instructor should tell participants to switch audio output on fetal monitors to FSE tones.

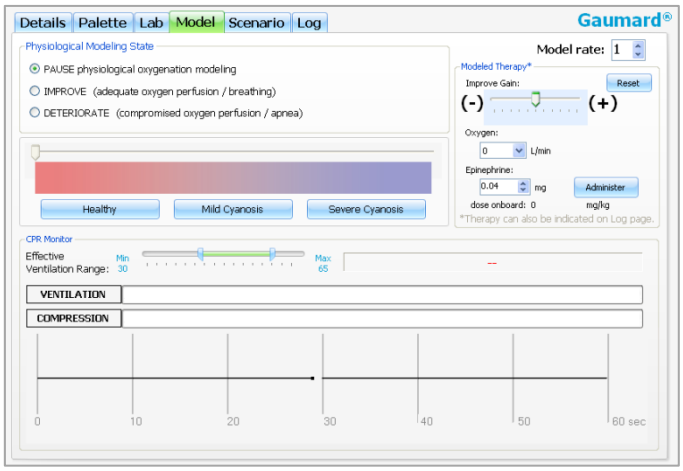
Patient Name	Labor Type	History	Overview
Faye	Cord Prolapse	Faye is a 34 year old gravida 1/0 @ 25 weeks' gestation. She had been involved with a married man and this unexpected and unwanted pregnancy caused a great deal of stress in her life. After much emotional upheaval, she decided to have the baby. The affair ended and she is no longer involved with the father of the baby. None of her family or friends are aware of the pregnancy. She began cramping about 3 hours ago and decided to drive herself to the hospital when she began leaking clear fluid. An admitting clerk helps her into a wheelchair and takes her to L&D.	Runs for approximately 20 minutes. Prolapsed cord is protruding into the vaginal opening. Faye is put into deep Trendelenburg position. There is no palpable cord pulsation and FHTs are not audible with Doppler. Upon VE, fetus presents as double footling breech and is already partially into birth canal. Therefore, baby has to be delivered vaginally. Fetus is non viable.
Frances	Cord Prolapse	Frances is admitted into a small town hospital due to regular contractions @ 4 minutes apart and bloody show. She labors without problems for about 4 hours and then the fetus starts to brady down after SROM. A V/E reveals a prolapsed coed in the vagina.	Runs for approximately 22-27 minutes. Instructor must set up prolapse cord prior to beginning scenario. Instructor may disconnect NOELLE simulator from power outlet and continue running scenario while transferring the NOELLE birthing simulator to the OR.
Gabriella	Uterine Rupture	Gabriella is a young Hispanic woman who presents to a small hospital just across the Mexican border. She is alone and speaks little English. Her nurse is fluent in Spanish, but Gabriella is very quiet and gives little information.	Runs for approximately 25 minutes. Shortly after admission, patient clutches her abdomen and fetal baseline bradys down to the 80s. Patient becomes very pale and diaphoretic. BP drops to 80/60 and pulse is 120. She suffers heavy vaginal bleeding. Patient is rushed for emergency C-Section. Baby is limp and severely depressed, needs to be intubated and ventilated.
Gail	Uterine Rupture	Gail is a 29 year old primip @ 35 weeks. She was admitted to L&D from the ER after being involved in car accident. Both she and her husband, Alan, were seriously injured and she is on a backboard wearing a c-collar to stabilize the spine. Her right humerus is fractured and seat belt marks are visible across the abdomen.	Runs for approximately 181-20 minutes. Use file sharing feature to display pictures of C-spine x-ray as patient was involved in car crash.
Haley	Peripartum Hemorrhage - Previa	Haley is a 33yr old G2 @ 35 weeks. Previous U/S revealed a low lying placenta and this is the 5th time in 11 weeks she been admitted for bleeding. This time the bleeding is is heavier and is not resolving. Her OB is on the way to the hospital; bimanual palpation shows the uterus to be soft and non-tender.	Runs for approximately 15 minutes. Instructor must set up for partial placenta previa. Instructor must fill hemorrhage kit with fluids before running the scenario
Heidi	Peripartum Hemorrhage - Previa	Heidi is a 25 yr old primip @ 35 weeks. She has experienced several mild bleeding episodes during pregnancy and is known to have a low lying placenta. She arrives in L&D complaining of abdominal cramps and has bright red vaginal bleeding.	Runs for 35-45 minutes. This scenario utilizes a vaginal delivery even though there is a low lying placenta. Instructor has option to run a linear or a branching postpartum section of the scenario. Instructor must fill hemorrhage kit with fluids before running the scenario

Patient Name	Labor Type	History	Overview
India	Peripartum Hemorrhage - Abruption	India is a 19 yr old gravida 2 @ 37 weeks. She arrives at hospital with her husband who says she fell down the stairs and she has been cramping and bleeding for about an hour. During admitting interview husband answers all the questions and India doesn't make eye contact. The nurse palpates uterus, initiates fetal monitoring and starts a pad count.	Runs for approximately 25 minutes. This scenario is a suspected spousal abuse case. Patient has a central abruption of the placenta. Instructor must fill hemorrhage kit with fluids before running the scenario.
Inez	Peripartum Hemorrhage - Abruption	Inez is a 27 yr old primip @ 35 weeks. She arrives at hospital one evening crying and doubled over in pain. She is admitted to a birthing room and the nurse notices bright red blood on Inez's panties. She is having very intense and close contractions.	Runs for approximately 18 minutes. This scenario involves a precipitous delivery with heavy bleeding due to placental abruption. Abruption was brought on by use of alcohol and cocaine. Instructor must fill hemorrhage kit with fluids before running the scenario.
Janie	Peripartum Hemorrhage/PPH	Janie is a 23 yr old G 2 @ 38 weeks. She has experienced several bleeding episodes due to a low lying placenta. She has been counseled about the potential for postpartum hemorrhage. Her religious beliefs prohibit the administration of any blood products.	Runs for approximately 25 minutes. Even though patient suffers heavy blood loss, blood products are not to be used so alternative methods must be found. Instructor must fill hemorrhage kit with fluids before running the scenario.
June	Peripartum Hemorrhage/PPH	June is a 31 year old who is about to deliver her 5th baby. She has had a normal pregnancy and plans natural childbirth and breastfeeding. Her husband and oldest daughter attended the CBE refresher course and she has arranged for the 11 year old to attend the delivery.	Full scenario runs approximately for 22-25 minutes. PPH runs for 8-10 minutes. Labor and delivery progress uneventfully. Heavy bleeding begins immediately upon delivery of placenta. Uterus remains atonic despite Fundal massage and rapid pitosin infusion. Patient's BP drops to 80/50 and uterus begins to clamp down following Cytotec rectal insertion. **Note:** Running full scenario requires retraction of motor mechanism and insertion of PPH kit following delivery. To run PPH only, load June PPH from the scenario tab.
Kelly	Amniotic Fluid Embolism	Kelly is a 34 year old gravida 5/2 @ 38 weeks. She is scheduled for an induction due to problems with her last pregnancy. That baby weighed almost 10 pounds, and she had experienced a severe shoulder dystocia with the delivery. She has gained 43 pounds with this pregnancy and her glucose tolerance test (GTT) is borderline. An ultrasound a few days ago estimated current fetal weight at 3800 to 4000 grams. Kelly's physician feels that her cervix is favorable, so he has recommended an elective induction.	Runs approximately for 35-40 minutes. Shortly following SROM, Kelly begins having mild variable decels that are associated with contractions. Over the next few minutes, variables become more severe. Kelly vomits and begins gasping then suddenly becomes unresponsive. Decels now have late characteristics. She is given SQ Terbutaline and fetal baseline drops to 90. She is intubated and very difficult to ventilate. Patient develops VFib and then arrests. Baby is removed by emergency C-Section. Kelly remains on a ventilator. Baby is limp and unresponsive and requires resuscitation, and suffers repetitive seizure activity.

Patient Name	Labor Type	History	Overview
Kimberly	Amniotic Fluid Embolism	Kimberly is a 27 yr old multip @ 42 weeks. She began having contractions at home and now they are becoming stronger. She is excited to be finally going into labor. By the time the nurse completes admission Kimberly is requesting pain meds as her labor is progressing quickly.	Runs for approximately 30 minutes. In this scenario, patient has an AFE and resuscitation efforts are in vain. Fetus is delivered via perimortem C-section.
Madonna	Preterm Labor	Madonna is a 41 year old multip @ 31 weeks. She has experienced difficult pregnancies in the past and has one Downs Syndrome baby, so she is very apprehensive. An early U/S and genetic studies showed this baby to be a normal female. She has had several episodes of preterm contractions that resolved with LLP bed rest and oral hydration. She began contracting again 3 hours ago and again tried LLP bed rest and oral hydration, but the contractions have continued & become stronger.	Runs for approximately 35 minutes. Patient starts having contractions and is given SQ Terbutaline to stop contractions. She begins to have unfavorable reactions to the drug, and contractions break through about 30 minutes later. Another dose of Terbutaline is given, and her reaction is worse, and contractions break through yet again. Eventually, she's given Procardia which resolves the contractions and does not give adverse reactions.
Maria	Preterm Labor	Maria is a 30 yr old multip @ 27 weeks. She has an 11 yr old and has been trying for more children. She has had 2 miscarriages in the last 4 years and she lost both due to an incompetent cervix. This time a McDonalds suture was placed @ 14 weeks.	A run for approximately 15 minutes and it is a tocolysis emergency. Patient has reaction to overmedication of magnesium sulfate.

Model (Newborn)

The physiologic cyanosis model adjusts vital signs and skin color in response to ventilation effectiveness. Set the physiological modeling state to deteriorate and monitor the provider's intervention effectiveness using the CPR monitor window. The model speed can be controlled through the Model warp-factor, which goes from 1 to 5 (1 representing real-time).



PHYSIOLOGICAL MODELING STATE

Pause: Model will pause at the current state.

Improve: Model trend to a healthy state. Once the model reaches the complete Healthy state, the model will go to *Pause* mode.

Deteriorate: Model will trend to a severe cyanotic state. If ventilations given to the neonate are of correct depth and between 40 and 60 per minute, the vital signs will improve. Otherwise, they will continue to deteriorate.

CYANOSIS LEVELS

The facilitator can quickly jump to any of the three points in the state of the model.

Healthy: Pedi is pink with adequate oxygenation.

Mild Cyanosis: Pedi is bluish and vital signs are starting to deteriorate.

Severe Cyanosis: Pedi is blue, apneic and vital signs are rapidly worsening.

MODELED THERAPY

Improve Gain: Moving this slider will help increase or decrease the cyanotic response to ventilations.

Oxygen: By selecting an oxygen rate, the baby will improve faster with proper ventilation. Flow On must be selected to activate the oxygen response.

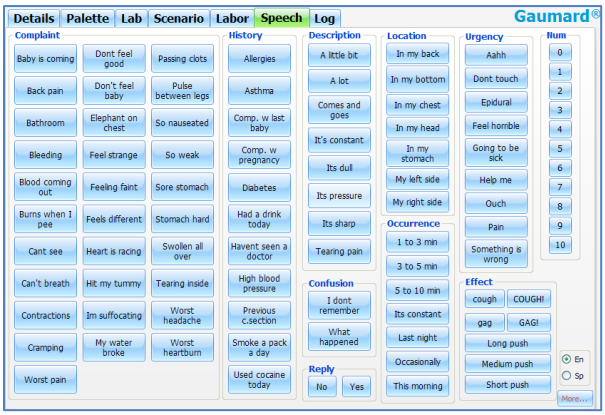
Epinephrine: Select the desired epinephrine dose and then select "Administer". Immediately the heart rate of the Newborn should rise and the dose on board should start diminishing over time. The dose should be enough to increase the heart rate a small percentage in order to help the oxygen delivery in the system, therefore helping improve the neonate with proper ventilation.

Reset: By selecting "Reset" the oxygen flow and the epinephrine dose onboard will be eliminated.

Speech

PRERECORDED SOUNDS

NOELLE has over 90 pre-recorded expressions, which can be initiated with a single click on the Speech page. The collection of speech and other sounds was chosen to cover a wide range of simulated emergencies.

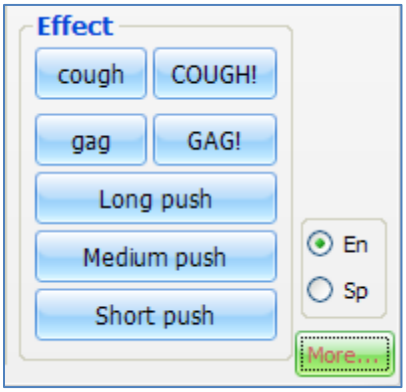


For ease of use, NOELLE's expressions are divided into categories: complaints, history, description, confusion, reply, location, occurrence, urgency, effect and numbers. These categories are labeled in blue on the speech page. Any of the speech items listed on the Speech page can be incorporated into labor and post-partum scenarios.

STREAMING AUDIO

Streaming audio makes simulation even more realistic. It allows the facilitator to hear everything the providers are discussing around the simulator. At the same time, the facilitator can interact as the patients voice for the provider t. The instructor will also be able to record his own speech phrases that can be used at any given time or within a scenario.

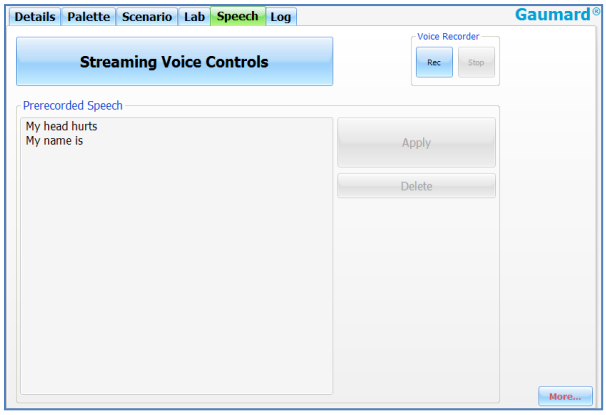
The streaming audio controls can be accessed by clicking on the “More” button in the lower right corner of the “Speech” tab.



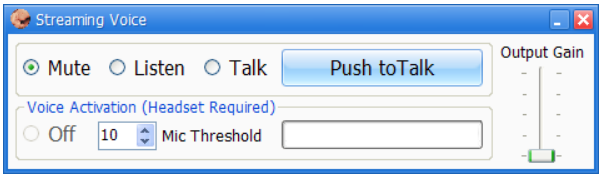
Please verify that the simulator is connected by serial number on the Setup>Options>Environment FIXED field to access the more button.

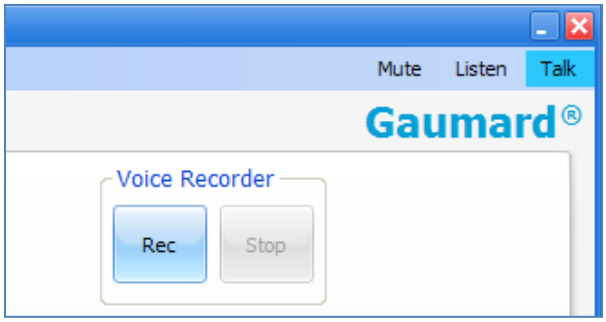
STREAMING VOICE CONTROL WINDOW

Streaming Voice Controls: This button opens a new dialog box that is available to the user at all times. Selections on that dialog box include “Mute,” “Listen,” and “Talk”. Select “Mute” to stop the communication; “Listen” to hear what providers are saying, or “Talk” to speak to the providers as the manikin’s voice.



Mute, Listen and Talk controls are always available on the top right corner of the user interface.

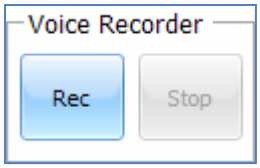




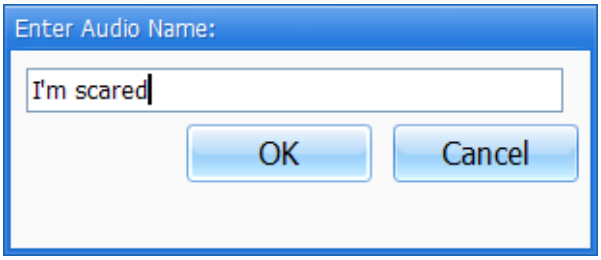
It is recommended that the instructor uses a headset to improve sound quality. The headset also allows the user to use the “Voice Activation” so that at any time the instructor wishes to speak, it is sent directly to the manikin without user intervention.

The voice activation threshold can be adjusted. The “Mic Threshold” is used to adjust how sensitive the microphone is to the user’s voice. The higher the threshold, the less sensitive the microphone is; and vice versa. For instance, if the threshold is set to high, users must speak loudly for the microphone to detect the audio.

Voice Recorder: The instructor is able to record his/her own speech phrases at any time. Once the instructor clicks on the "Rec" button the software automatically starts capturing everything that is said into the microphone.

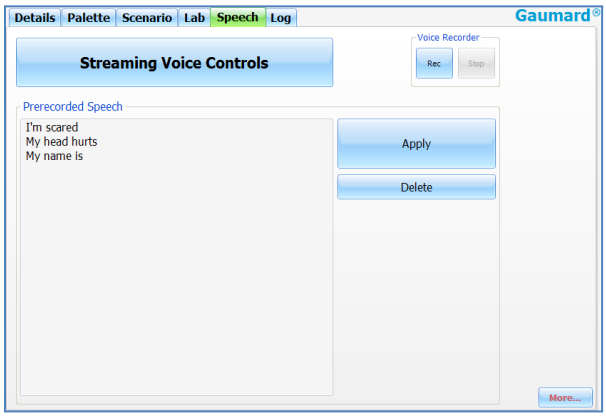


Press "Stop" to finish recording. Use the Enter Audio Name window to name the speech phrase.



Enter a name and click "OK." The phrase will now be accessible under the "Prerecorded Speech" menu.

Prerecorded Speech: On this section the instructor is able to play any of the custom phrases by either typing on the text box or clicking on the menu option. Once a phrase is selected, it can be played as the manikin's voice or deleted.

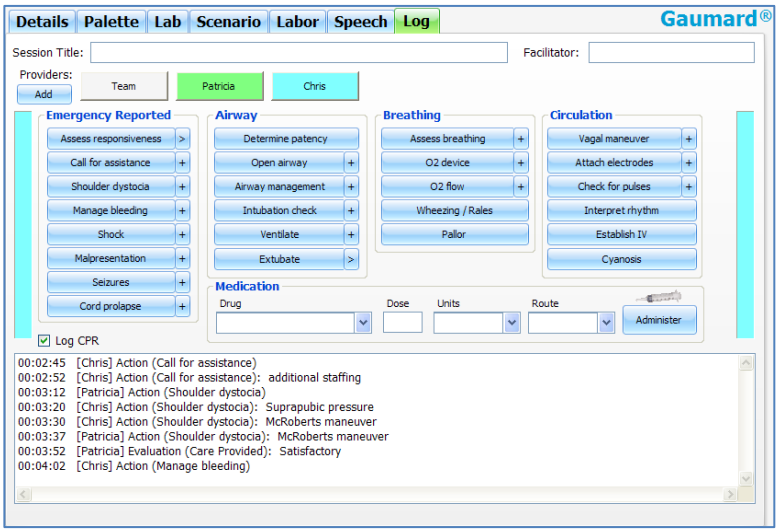


More...: If the instructor wishes to play any of the Simulator's prerecorded speech phrases, he will need to click on the "More..." button located on the bottom right corner of the Speech page.

- At any time the user can change the sound volume for sending and receiving. To change volume at simulator's end, change the tablet's microphone gain. To change volume on the tablet, use the speaker volume control.
- See troubleshooting section in the manual for more info.

Log

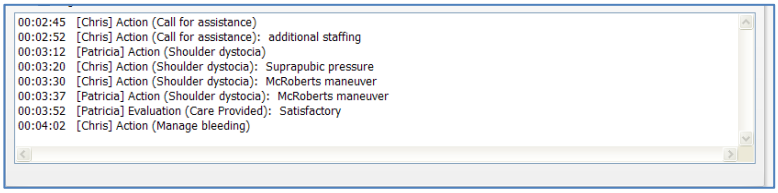
The Log page allows the facilitator (Instructor or tablet operator) to keep track of every event during a session. It automatically creates an entry whenever a detected event occurs as well as every change in the condition of the patient. In addition, the facilitator can enter observed provider actions to the log with a simple click.



The Log page consists of four different areas (from bottom to top): the text log, provider action buttons, team logging buttons, and session info.

TEXT LOG

This is the large panel at the bottom of the Log Page, containing all of the time-stamped text entries. Every event that occurs in a session is recorded as an entry in the Text Log. The types of entries recorded by the log are categorized as follows: Actions, Applied Changes, Detected Events, Evaluations, Speech, and Notes.


00:02:45 [Chris] Action (Call for assistance)
00:02:52 [Chris] Action (Call for assistance): additional staffing
00:03:12 [Patricia] Action (Shoulder dystocia)
00:03:20 [Chris] Action (Shoulder dystocia): Suprapubic pressure
00:03:30 [Chris] Action (Shoulder dystocia): McRoberts maneuver
00:03:37 [Patricia] Action (Shoulder dystocia): McRoberts maneuver
00:03:52 [Patricia] Evaluation (Care Provided): Satisfactory
00:04:02 [Chris] Action (Manage bleeding)

Actions

The term actions refers to tasks performed, by one or more of the providers, on the manikin during the session. The facilitator can quickly log actions from the Provider Actions section of the log page. To assign the entry to a particular provider or to the team in general the instructor may utilize the Team Logging feature. The following is an example of an unassigned Action entry:

"00:07:24 Action (Assess responsiveness)"

Applied Changes

An “Applied” log entry occurs automatically every time a change is applied to the physiological condition of the manikin. In other words, each time changes are applied to the manikin from the Details page, the Palette page, or from a Scenario a log entry similar to the following is created:

"00:04:01 Applied (00:30): Details: Rhythm Sinus; Cardiac event 0; HR 80;"

Detected Events

Each time one of the various sensors within the manikin detects a provider action, it is automatically logged as a “Detected” entry. These actions include intubation, BP cuff placement, artificial ventilations, chest compressions, and electrical therapy (pacing, defibrillation, cardioversion, inappropriate shock). The following example shows a detected log entry after a provider attempts to defibrillate:

"00:03:26 Detected (defibrillation): Shock # 2 - 300 Joules."

Evaluations

Evaluations are added by the facilitator clicking on the “Satisfactory” or “Unsatisfactory” buttons on the Evaluation panel. The Evaluation panel is present at the bottom of the screen next to the clocks panel and is accessible at all times. Team Logging allows the facilitator to evaluate individual providers with a single click. For example, if provider Chris performed a procedure satisfactorily, the Evaluation entry would be:

"00:07:43 [Chris] Evaluation (Care Provided): SATISFACTORY"

Speech

When the facilitator makes NOELLE speak by pressing buttons on the Speech page, an entry into the text log is automatically generated:

"00:18:10 Speech (Urgency): "Don't touch me"

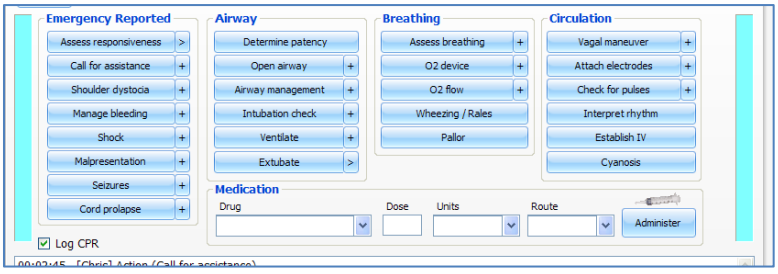
Notes

Notes can be entered directly from the Evaluation panel or by right-clicking on the text log at any time by the facilitator. Note entries display each and every character the facilitator types into the text box. The following is an example of a Note entry:

"00:10:10 Note: provider took too long to assess patient."

PROVIDER ACTIONS

The Provider Actions section refers to the collection of buttons in the middle of the log page. These buttons permit the facilitator to accurately and quickly track common provider actions.



The buttons are categorized into five groups: Emergency Reported, Airway, Breathing, Circulation, and Medication. Any time the facilitator clicks one of the buttons, a time-stamped log entry is generated documenting the action. For example, if the “Assess responsiveness” button is clicked when the session clock reads 00:07:24, the following entry is automatically generated:

"00:07:24 Action (Assess Responsiveness)"

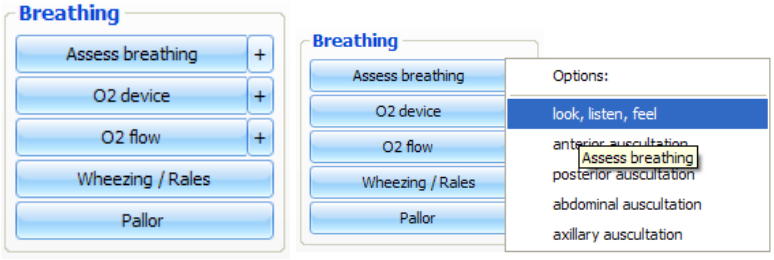
Special Buttons

Some provider-action buttons are accompanied by a special option button.

The first special button, “ **+** “, lets the facilitator be a log actions in more detail. For example, if the button “Assess breathing” is clicked, the following entry is created:

"00:01:28 Action (Assess breathing)"

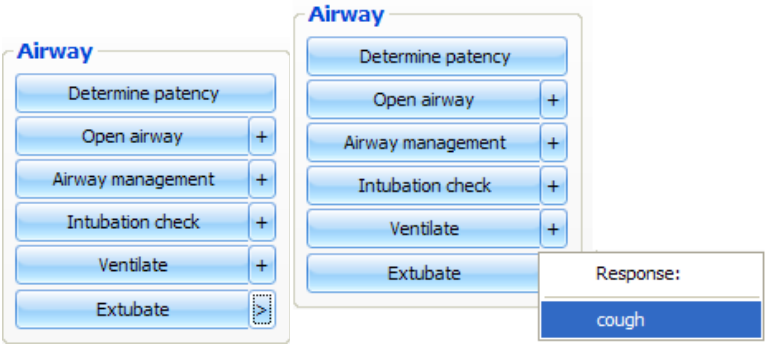
On the other hand, if the " **+** " button next to "Ventilate" is clicked, a list of additional options appears. The facilitator can be more specific and choose, for example, "look, listen, feel"...



...and the following entry is added:

"00:01:28 Action (Ventilate): look, listen, feel"

The second special button, " **>** ", allows pre-programming common responses to specific actions. For example, the facilitator can pre-program normal respiratory sounds and re-enable the lungs when the provider performs a needle decompression.

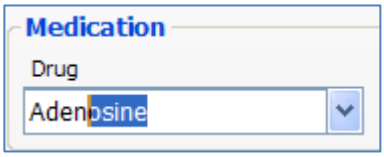


When the "extubate" button is, the following entry is created:

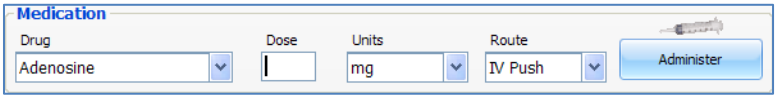
"00:01:28 Action (Extubate): cough"

Medications

The Medications section allows for quick and easy logging of drug administration, including dosage and route. The software comes preloaded with a set of commonly used drugs. Each of these drugs has a default dosage unit and a default route for administration (which can be overwritten by just typing over it). For example, Adenosine has the default dosage unit of "mg" and the default route is "IVP" (intravenous push). In order to enter, an administered dose 6 mg of adenosine via IVP, the facilitator need only enter the text "ad", which prompts the software to automatically search the drug list and display the best match (if any).



After a drug has been selected, the action of clicking on the “dose” text field, the units and route fields with the default values for that particular drug are filled automatically.

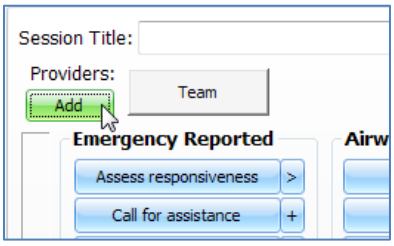


The facilitator then enters the dose and clicks on the “Administered” button prompting the event to be recorded in the log. Following the example, suppose the dose entered was “6”:

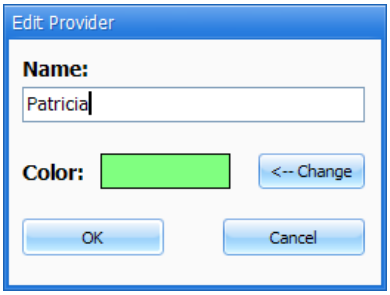
"00:05:43 Action (Medication Administered): Adenosine, 6 mg, IVP"

TEAM LOGGING

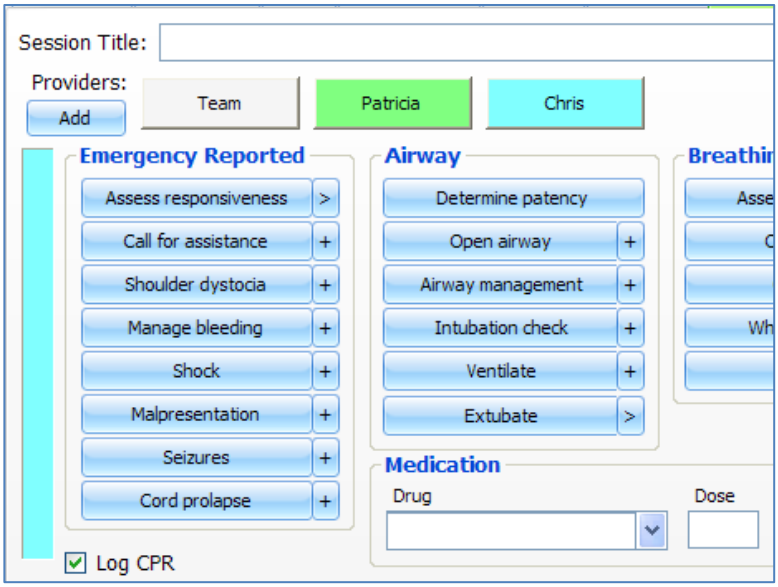
The Team Logging feature allows the facilitator to designate which member of the team performed a particular action. The Team Logging section is right above the Provider Actions section on the Log page.



Before beginning a session, the facilitator can add the names of all providers in the team to the team log. This is done by clicking on the **Add** button and filling in the **Add Provider** name field.



As shown in the Log Page image, a colored button is inserted onto the Team Logging region for the provider just added. The software allows up to six different providers, each with a corresponding button to be entered. Each time one of the provider buttons is clicked, the indicated person becomes the active provider in the evaluation window.



The colored vertical bars on either side of the log text box will match the color that is coded to the chosen provider. On the Log Page image, above, **Chris** is the active provider, so the vertical bars are turquoise . Notice that Patricia, who has a green colored button, is not the active provider. While there is an active provider, every time a Provider Action or Evaluation log entry is created it will have the name of the provider prefixed to it as follows:

"00:07:41 [Chris] Action (Check for pulses): radial"

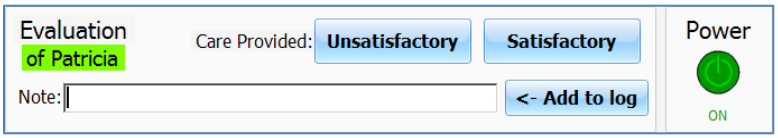
To deactivate this feature, deselect the active provider, and return to general logging, click the “Team” button and the vertical bars will return to neutral color. All provider buttons can be edited or deleted by right-clicking them and selecting an option from the menu that appears.

SESSION INFORMATION

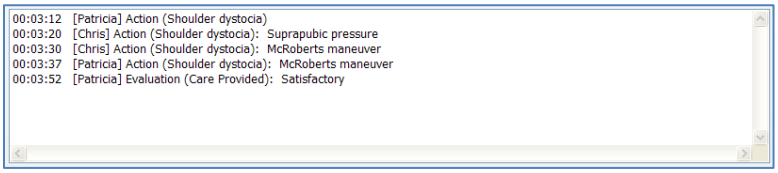
The session info area contains the “Session Title” and “Facilitator” fields at the top of the page. At the beginning of each training session the session title and facilitator fields can be filled in and the information contained in them is stored with the text file when the log is saved or printed.

EVALUATION

The Evaluation panel, always visible at the bottom of the GaumardUI window, allows the facilitator to insert standard evaluations or other relevant notes into the log. The stylus device and hand-writing recognition technology makes annotation in real-time rapid and convenient.



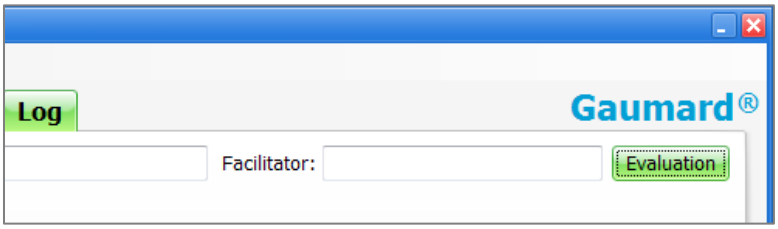
Standard evaluations (satisfactory or not) are given context by their position in the log relative to detected and observed provider actions. The following example illustrates this idea.


00:03:12 [Patricia] Action (Shoulder dystocia)
00:03:20 [Chris] Action (Shoulder dystocia): Suprapubic pressure
00:03:30 [Chris] Action (Shoulder dystocia): McRoberts maneuver
00:03:37 [Patricia] Action (Shoulder dystocia): McRoberts maneuver
00:03:52 [Patricia] Evaluation (Care Provided): Satisfactory

The evaluation panel is part of the team-logging system, described previously. When a particular provider is selected, log entries generated via the Evaluation panel will be prefaced with the provider's name. For more information on Team Logging, see the previous section of this guide on Logging.

Evaluation Form

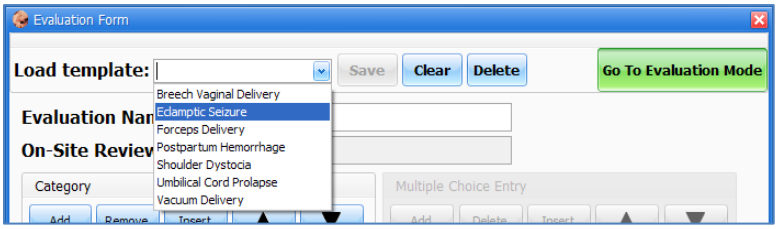
The evaluation tool assists facilitators in reporting and assessing provider interaction using a questionnaire form. A completed evaluation form can then be stored as a digital document or printed for distribution.



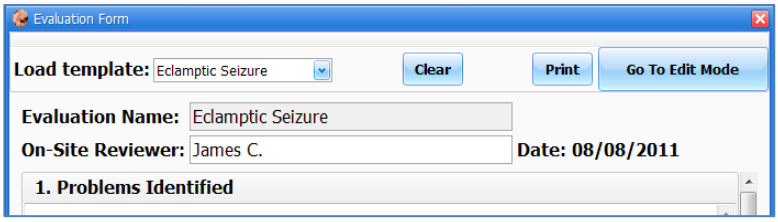
USING BUILT IN EVALUATION TEMPLATES

Several evaluation templates are built-in to GaumardUI's evaluation tool. Each template includes a set of multiple choice questions related to the type of assessment being performed.

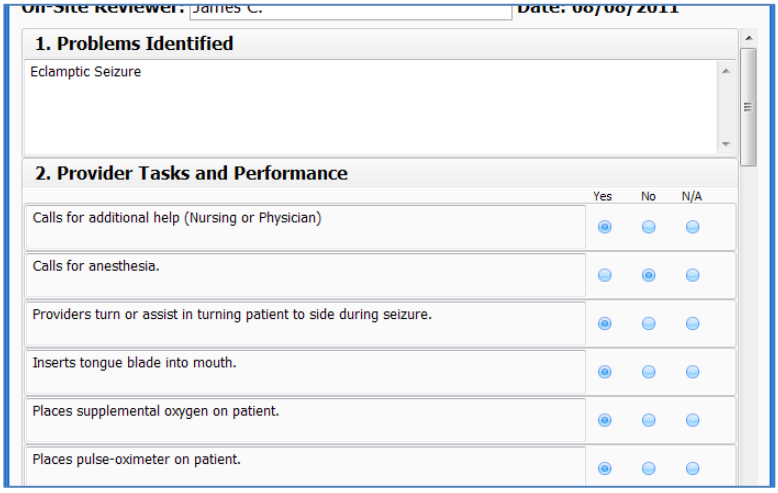
To begin, select an evaluation template from the **Load Template** dropdown. New templates created in the edit mode will also be listed.



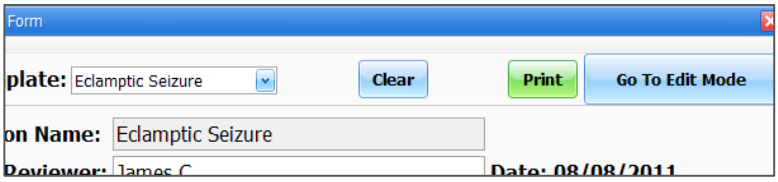
Enter the name of the facilitator performing the review in the **On-Site Reviewer** field.



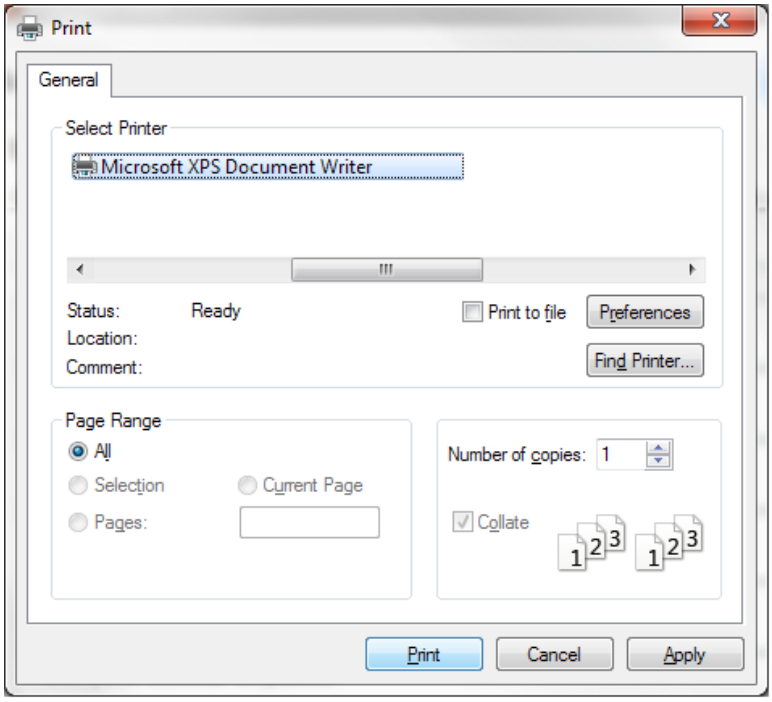
Complete the form by first entering the written response in the “Problems Identified” field and selecting the applicable multiple choice responses throughout.


1. Problems Identified
Eclamptic Seizure
2. Provider Tasks and Performance
Yes
No
N/A
Calls for additional help (Nursing or Physician)
Calls for anesthesia.
Providers turn or assist in turning patient to side during seizure.
Inserts tongue blade into mouth.
Places supplemental oxygen on patient.
Places pulse-oximeter on patient.

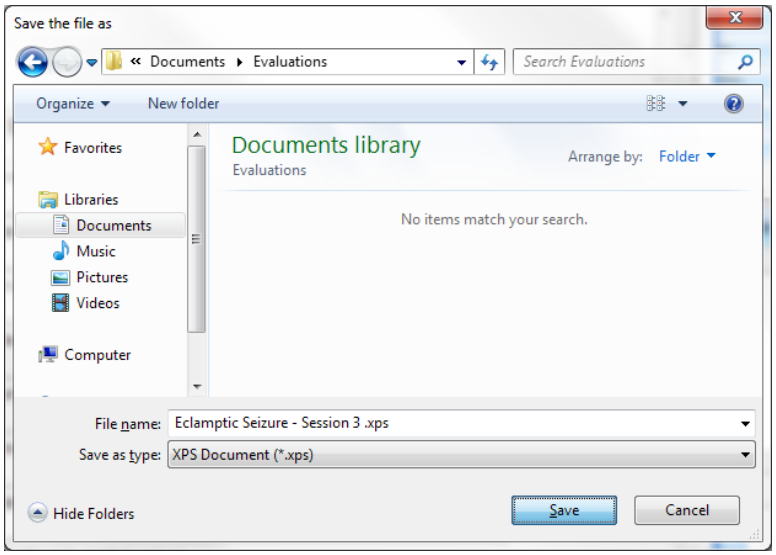
Once the evaluation is completed, click the **Print** button located at the top right corner of the screen.



To save the finished evaluation as digital document, select **Microsoft XPS Document writer** and click **Print**. It is recommended that documents are first saved as XPS files before being printed into hard copies.

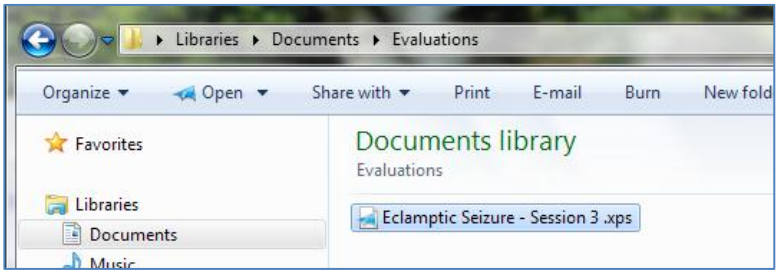


Enter the name of the evaluation, Select a location and click **Save**.

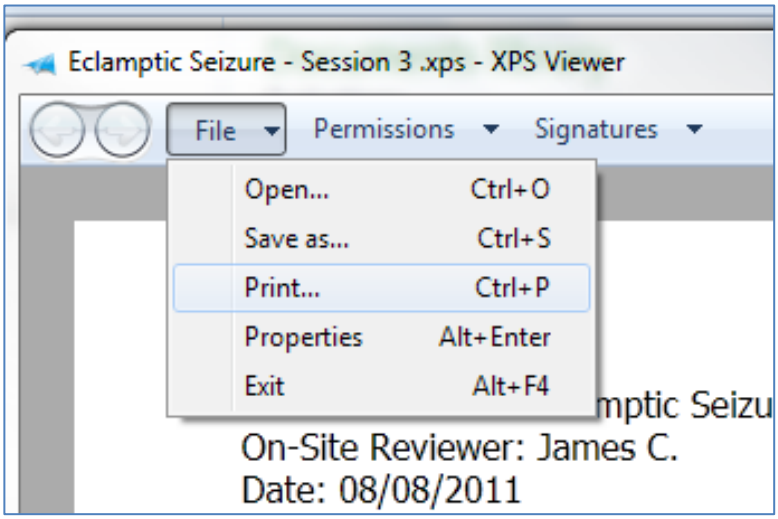


PRINTING AN EVALUATION

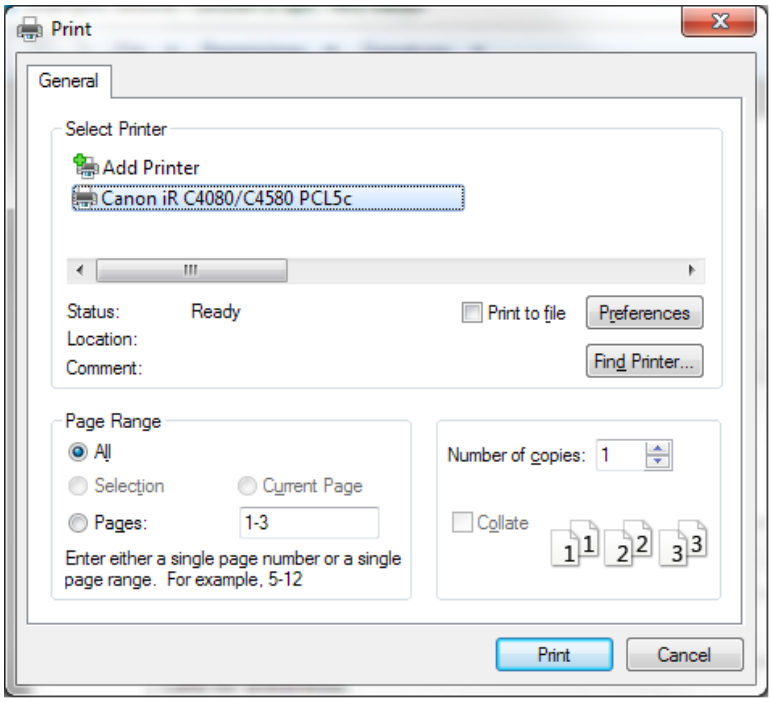
If a print device is connected to the tablet, first select and open the evaluation document saved in the previous step.



In the XPS Viewer, navigate to the file menu and select print.



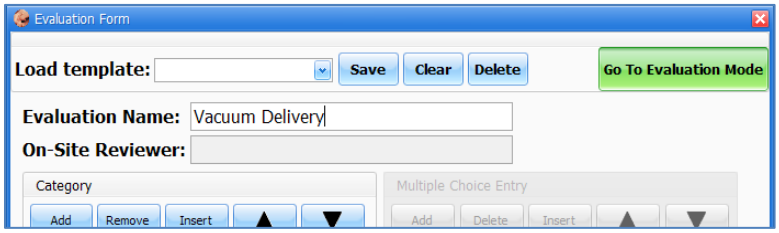
Select the printer device from the list box and click **print**.



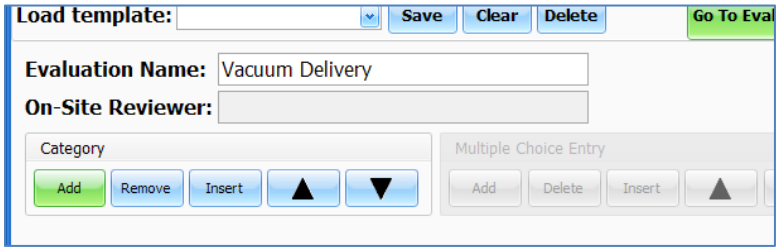
CREATING NEW EVALUATION TEMPLATES

Each evaluation is based on an evaluation template. Facilitators can create new evaluation templates to tailor specific assessments. Template design and creation is done in the evaluation form **edit mode**. To enter the edit mode, toggle the Go To button located on the top right of the evaluation form window.

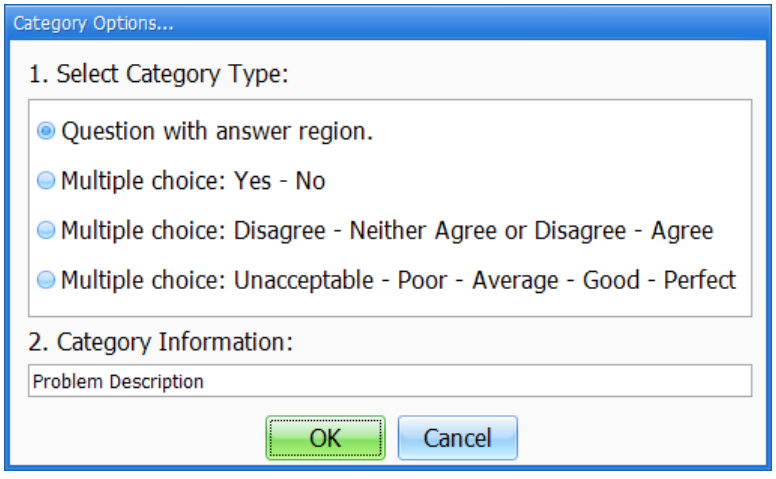
In edit mode, enter the name of the evaluation template in the **Evaluation Name** field.



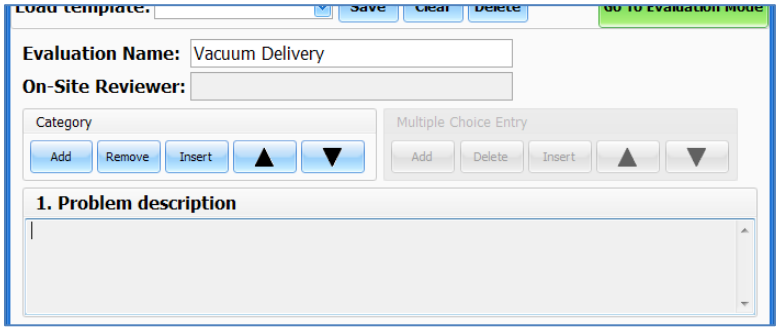
From the **Category** menu, click **Add**.



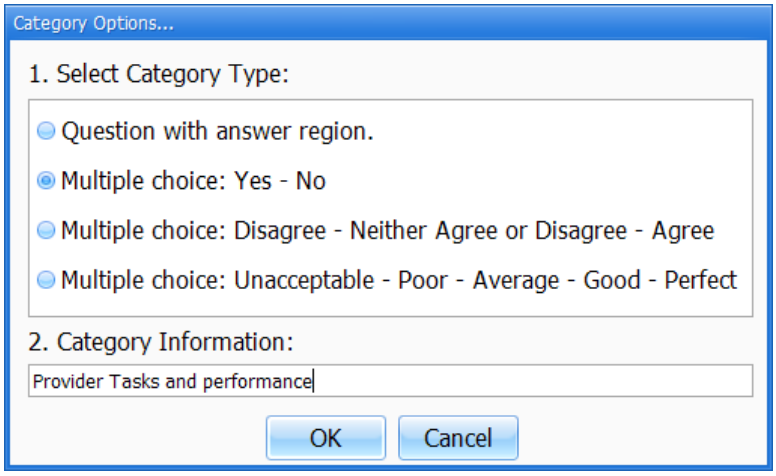
Select the **Question with answer region** category type and enter the category information title. To save the changes, click **OK**.


Category Options...
1. Select Category Type:
Question with answer region.
Multiple choice: Yes - No
Multiple choice: Disagree - Neither Agree or Disagree - Agree
Multiple choice: Unacceptable - Poor - Average - Good - Perfect
2. Category Information:
Problem Description
OK
Cancel

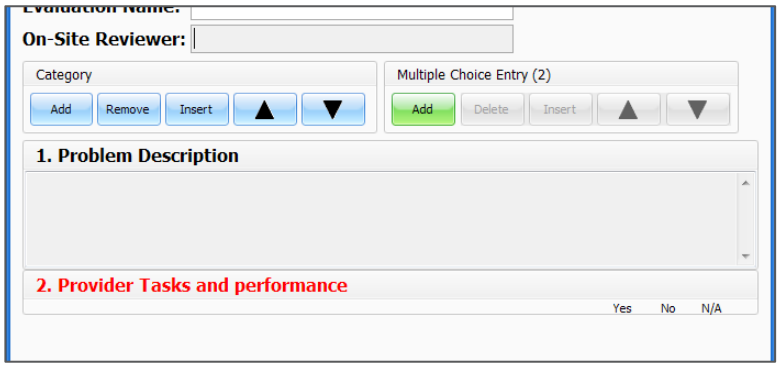
The newly created category is shown.



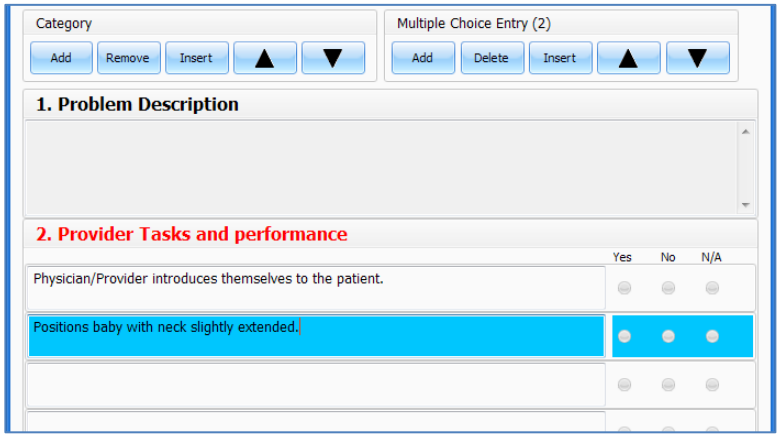
Click, **Add** to include another category. Select the **Multiple choice** category type, enter the category information title and click **OK**.


Category Options...
1. Select Category Type:
Question with answer region.
Multiple choice: Yes - No
Multiple choice: Disagree - Neither Agree or Disagree - Agree
Multiple choice: Unacceptable - Poor - Average - Good - Perfect
2. Category Information:
Provider Tasks and performance
OK
Cancel

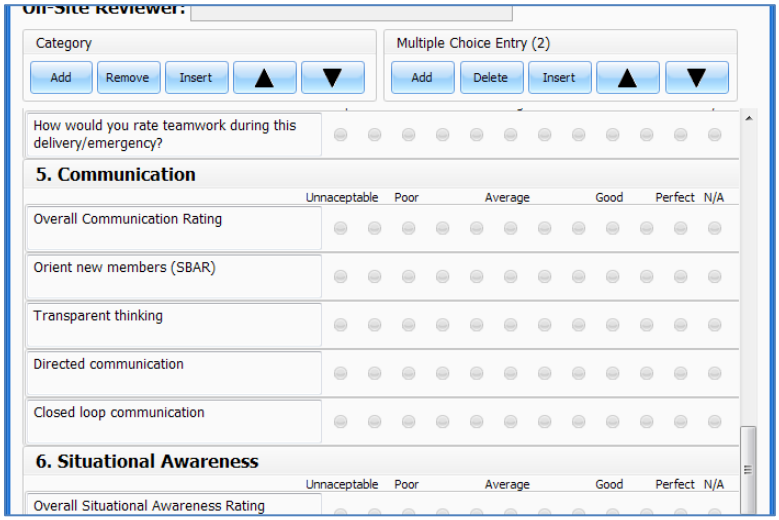
Highlight the **Provider tasks and performance** category and then click **Add** from the **Multiple Choice Entry** menu.



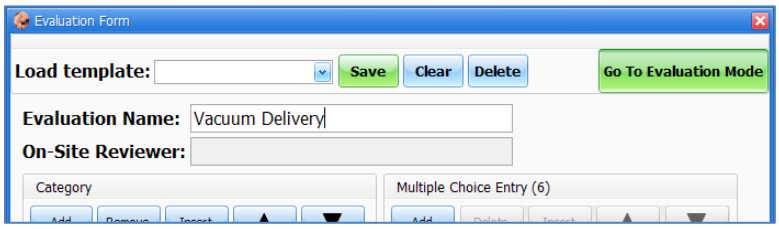
Enter the multiple choice information in the entry fields.



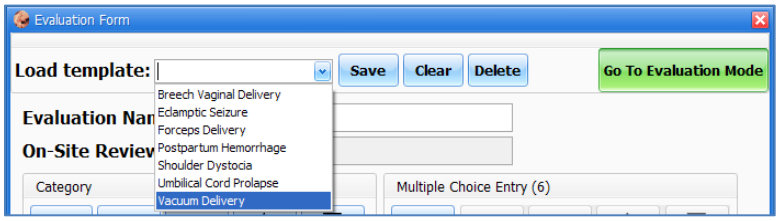
Repeat the previous steps to add more categories, questions and multiple choice options.



After the evaluation template design is complete, click **Save** at the top of the window.

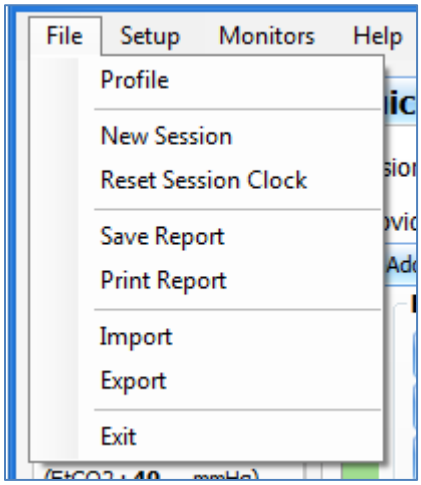


Finally, select the new template from the Load template drop down to use the completed evaluation form.



Menus

File



PROFILE

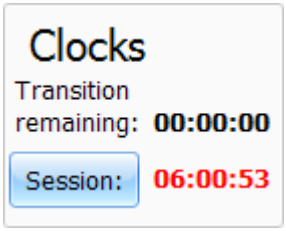
This option allows you to change your current profile. The profiles dialog box displays the available profiles. A software restart is not necessary to switch between profiles.

NEW SESSION

Clicking New Session in the file menu will:

- Clear any loaded/playing scenario
- Clear any loaded/playing palette
- Reset vital signs to normal values
- Clear out log page
- Restart the session clock.

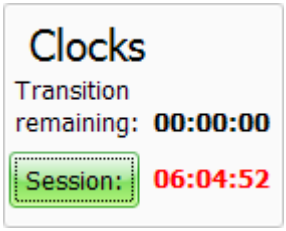
The session clock is located at the bottom of the dialog box.



The shortcut key for staring a new session is: **Ctrl + N**

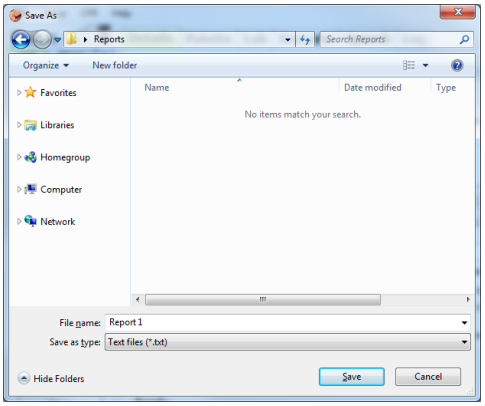
RESET SESSION CLOCK

Clicking on Reset Session Clock resets the clock back to zero. It does not have any effect on the transition time remaining on a scenario; it does not reset the vital signs, or clear out loaded scenarios. The facilitator can also reset the session clock by clicking on the Session button next to the session time.



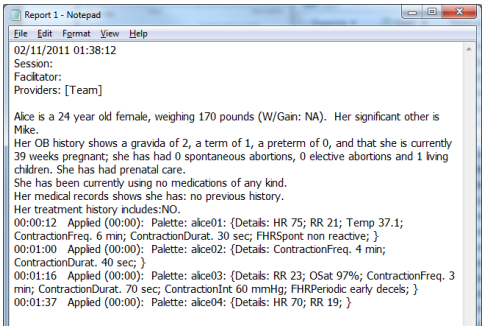
SAVE REPORT

This option allows you to save all the information recorded in the log page as a text file. Clicking on it brings up the “Save As” dialog box:



Select the desired name and path, and click “Save”.

The shortcut key for saving a report is Ctrl + S. For a sample report, look at the figure below:


Report 1 - Notepad
File Edit Format View Help
02/11/2011 01:38:12
Session:
Facilitator:
Providers: [Team]
Alice is a 24 year old female, weighing 170 pounds (W/Gain: NA). Her significant other is Mike.
Her OB history shows a gravida of 2, a term of 1, a preterm of 0, and that she is currently 39 weeks pregnant; she has had 0 spontaneous abortions, 0 elective abortions and 1 living children. She has had prenatal care.
She has been currently using no medications of any kind.
Her medical records shows she has: no previous history.
Her treatment history includes:NO.
00:00:12 Applied (00:00): Palette: alice01: {Details: HR 75; RR 21; Temp 37.1; ContractionFreq. 6 min; ContractionDurat. 30 sec; FHRSpont non reactive; }
00:01:00 Applied (00:00): Palette: alice02: {Details: ContractionFreq. 4 min; ContractionDurat. 40 sec; }
00:01:16 Applied (00:00): Palette: alice03: {Details: RR 23; OSat 97%; ContractionFreq. 3 min; ContractionDurat. 70 sec; ContractionInt 60 mmHg; FHRPeriodic early decels; }
00:01:37 Applied (00:00): Palette: alice04: {Details: HR 70; RR 19; }

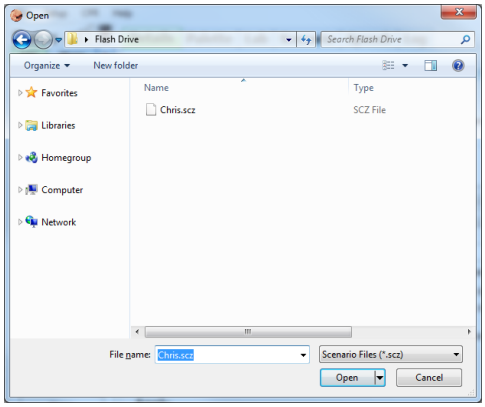
PRINT REPORT

This option allows you to print a text file containing all the information in the log for the latest session. Clicking on “Print Report” brings up the Print dialog box. The shortcut key for this option is **Ctrl + P**.

IMPORT

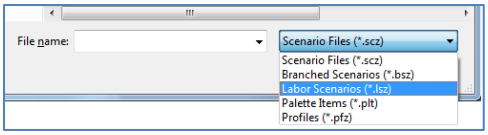
This tool allows the import of palettes, scenarios or modeling patients that may have been created on another tablet PC.

When Import is clicked, the “Open” dialog box is displayed:



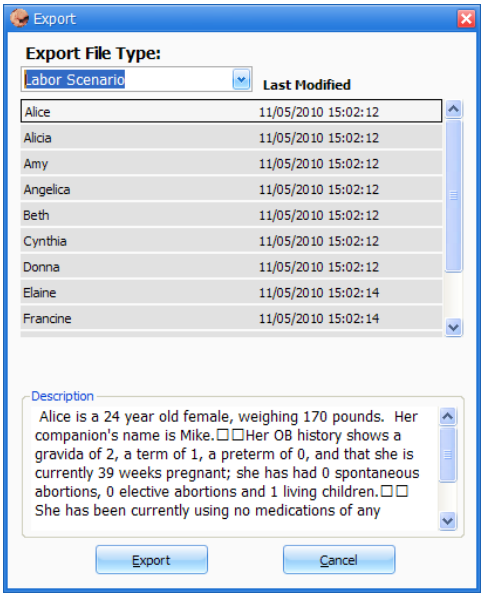
Browse to the location where the palette, scenario, or patient files have been saved and open it. They are automatically brought into the GaumardUI.

Make sure that you have the correct file type selected:

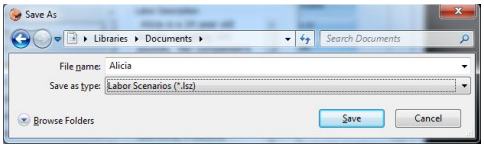


EXPORT

You can export palettes, scenarios (branched or linear), and model patients. After selecting the kind of file to be exported, the following dialog box is displayed.


Export
Export File Type:
Labor Scenario
Last Modified
Alice 11/05/2010 15:02:12
Alicia 11/05/2010 15:02:12
Amy 11/05/2010 15:02:12
Angelica 11/05/2010 15:02:12
Beth 11/05/2010 15:02:12
Cynthia 11/05/2010 15:02:12
Donna 11/05/2010 15:02:12
Elaine 11/05/2010 15:02:14
Francine 11/05/2010 15:02:14
Description
Alice is a 24 year old female, weighing 170 pounds. Her companion's name is Mike.☐☐Her OB history shows a gravida of 2, a term of 1, a preterm of 0, and that she is currently 39 weeks pregnant; she has had 0 spontaneous abortions, 0 elective abortions and 1 living children.☐☐ She has been currently using no medications of any
Export
Cancel

Make a selection and click “Export”. The “Save As” window is then displayed.



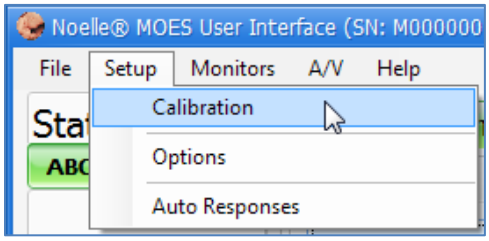
Once the files are saved on to the flash drive, plug the drive to the computer where the files will be imported. From the GaumardUI, select import from the file menu.

Navigate to the location where the file was saved on the flash drive and click open. GaumardUI will copy the scenario to the computer during the import process.

EXIT

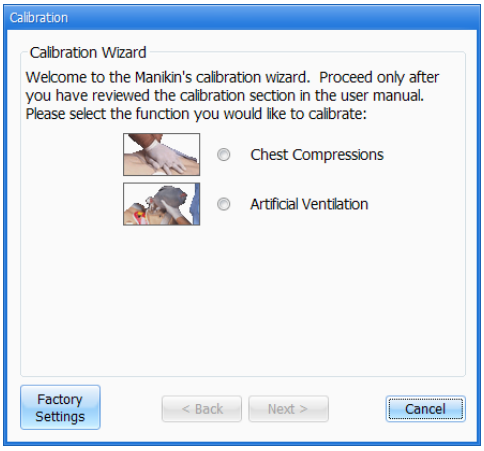
You can exit the software at any time by going to File, Exit or by clicking on the “x” button at the top right corner of the user interface.

Setup



CALIBRATION

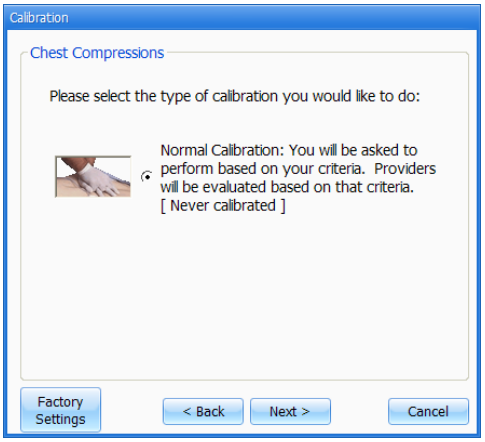
Use the calibration window to calibrate features and to reset sensors the simulator.


Calibration
Calibration Wizard
Welcome to the Manikin's calibration wizard. Proceed only after you have reviewed the calibration section in the user manual.
Please select the function you would like to calibrate:
Chest Compressions
Artificial Ventilation
Factory Settings
< Back
Next >
Cancel

CHEST COMPRESSIONS/ARTIFICIAL VENTILATIONS

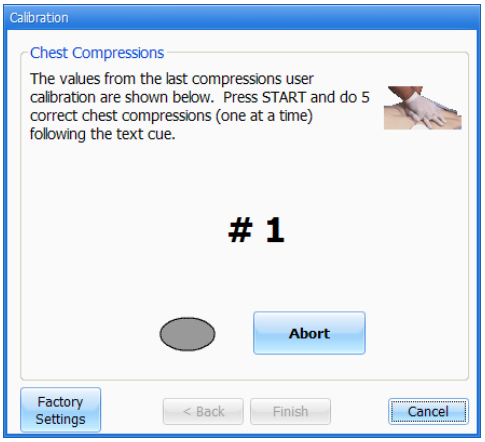
This tool helps you calibrate the chest compressions and the artificial ventilations to your specific criteria. That is, you will be telling the system what a correct chest compression is and/or what a correct artificial ventilation is. Providers will be evaluated by the system based on this criteria.

The chest compressions and ventilations are calibrated the same way. After making a selection, this dialog box is displayed:


Calibration
Chest Compressions
Please select the type of calibration you would like to do:
Normal Calibration: You will be asked to perform based on your criteria. Providers will be evaluated based on that criteria.
[Never calibrated]
Factory Settings
< Back
Next >
Cancel

Click next to proceed with the calibration.

The software will now ask you to perform a number of "correct" chest compressions or artificial ventilations, depending on what you are calibrating.


Calibration
Chest Compressions
The values from the last compressions user calibration are shown below. Press START and do 5 correct chest compressions (one at a time) following the text cue.
1
Abort
Factory Settings
< Back
Finish
Cancel

The facilitator should follow the text cue on the screen to perform just ONE compression or ventilation at a time, until prompted for the next one.

For example, if calibrating chest compressions:

1. The wizard prompts you with a "#1".
2. Perform one correct chest compression.
3. A green filled oval indicates that the chest compression was successfully recorded.
4. The wizard prompts you with a "#2".
5. Perform a second correct chest compression.

6. A green filled oval indicates that the chest compression was successfully recorded....

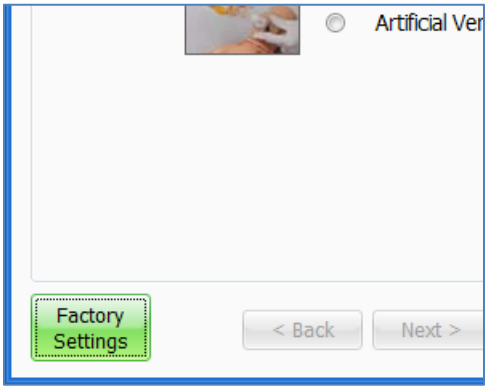
7. Continue the same process to finish the calibration.

At the end of the calibrating session, the wizard shows the average peak, depth, and duration values for the procedure. If you feel you performed the procedures correctly, click the “Save” button. Otherwise, press the “Back” button to repeat the calibration.

Notice that you can go back, abort or cancel at any time during the procedure.

FACTORY SETTINGS

Use the factory settings menu to restore sensors to the factory calibration. A factory reset will over-ride any calibrations performed by the facilitator.



Make sure that when you are restoring the sensors to the factory settings that no one is practicing chest compressions or ventilations. Any of these actions may interfere with the reset. Each time that one of these sensors is clicked a message will appear at the bottom left of the screen notifying the user of the status of the reset (OK, or TRY AGAIN). Should the sensor not respond, please refer to the troubleshooting guide or contact Customer Support.

At the end of calibrating a function, the Calibration Wizard resets the simulator for the changes to take effect and displays the message "Done". If the wizard displays the message "Can't reset", it simply means that the new calibration values will take effect next time you start the software.

If the changes need to take immediate effect, simply close the GaumardUI software, wait one minute (for the simulator to turn off), and then start the GaumardUI software again.

NOELLE SPECIFIC CENSORS

The options below are specific to the NOELLE simulator. Remove the birthing baby from the birthing mechanism before continuing.

Reset Force sensor – Reset the force sensor if the labor activity is displaying incorrect force readings.

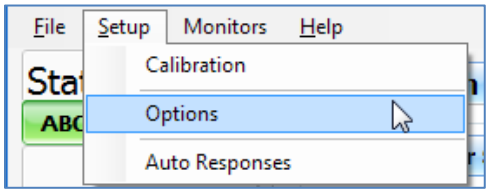
First remove the baby from the birthing arm and allow the motor arm to remain free for 30 seconds. While the birthing arm is free, click reset the force sensor button to record the current state as zero force.

Reset Uterine Pressure – Disconnect the uterus from the pressure port and click reset to restore the calibration to factory default.

Reset Labor Motor – Recalibrate the position of the birthing mechanism on the track. Always remove the birthing baby prior to recalibrating the birthing mechanism position.

OPTIONS

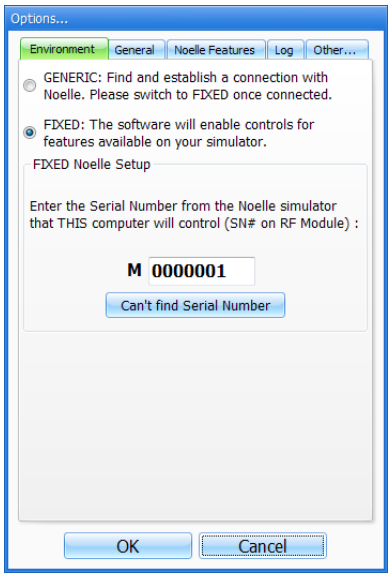
Click the “Options” menu to enable or disable and customize the behavior of GaumardUI’s features.



ENVIRONMENT

To connect to a specific simulator, select the “FIXED” option and enter the simulator's serial number in the text box. Establishing a FIXED connection is required before entering the activation codes for the simulator’s add-ons features and detecting hardware upgrades.

If you cannot find the serial number, first connect to the simulator using **GENERIC** and then press on the button that says “Can't find Serial Number” and follow the instructions.

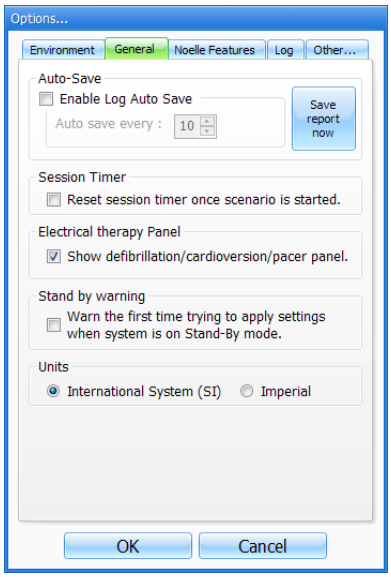

Options...
Environment
General
Noelle Features
Log
Other...
GENERIC: Find and establish a connection with Noelle. Please switch to FIXED once connected.
FIXED: The software will enable controls for features available on your simulator.
FIXED Noelle Setup
Enter the Serial Number from the Noelle simulator that THIS computer will control (SN# on RF Module) :
M 0000001
Can't find Serial Number
OK
Cancel

GENERAL

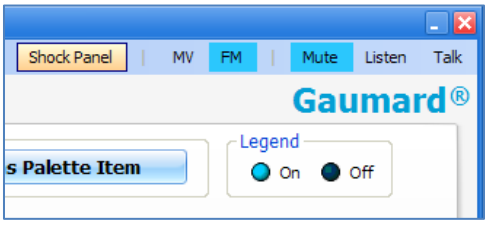
This tab allows the facilitator to:

- Enable auto saving of the log.
- Save your current log report.
- Enable stand-by warning.
- Select units (SI or English).
- Enable electrical therapy shock panel

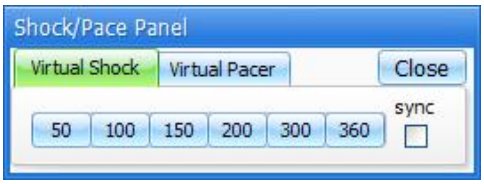
The shock panel is a floating window used for simulating electrical therapy. It can also be used in conjunction with “auto-responses”. For more information, go to page 86.



If the Electrical therapy panel is enabled, a new control will be accessible from the top right of the screen.



Use this control to bring focus to the floating shock/pace control window.



At any moment the shock/pace window can be moved or closed, while remaining accessible by clicking the button above.

LOG

Assign a color code for each of the log entry categories and click OK to save.

CPR OPTIONS

In this tab you can:

- Select the number of desired compressions per minute.
- Specify the compression/ventilation ratio

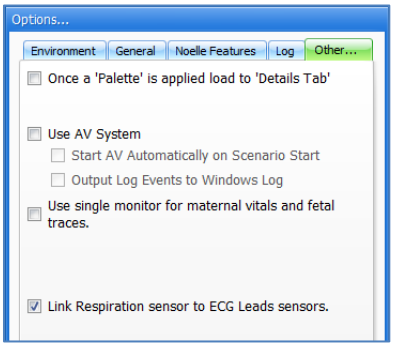
Select number of ventilations per minute (if the “Only Ventilations” button is selected).

TOLERANCES

The tolerances tab is used to set the tolerance and intensity of both chest compressions and ventilations.

OTHER

The first option "Once a 'Palette' is applied load to “Details Tab"' is useful for facilitators who want to keep track of the latest parameters that were updated using the Details Tab.

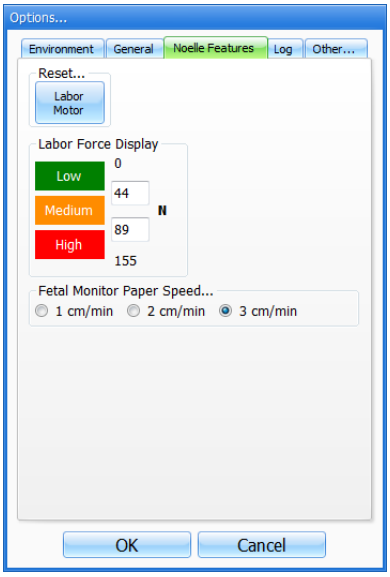


AV SYSTEM

GaumardUI is capable of interfacing with a number of third-party A/V recording systems. Checkmark the Use AV System to display the AV drop down as shown on page 97.

NOELLE FEATURES

Configure NOELLE specific features.



RESET THE LABOR MOTOR

If the motor is not moving properly through the track during a labor, remove the baby and click Reset Labor Motor. The motor will move down the track and calibrate the proper starting position.

LABOR FORCE DISPLAY

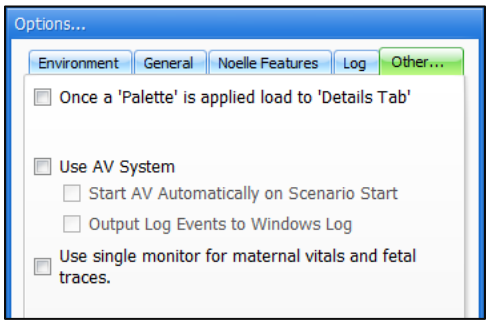
Set the threshold for the labor force display. To read more about the labor force display, go to Page 61.

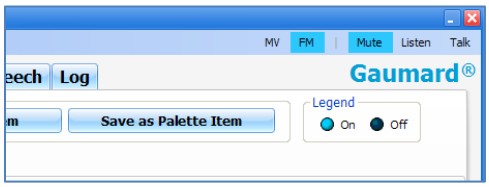
FETAL MONITOR PAPER SPEED

Use this feature to adjust the speed of the fetal monitor paper on the FHR monitor screen.

SINGLE VITAL MONITORS

You can display Gaumard Monitors using one monitor. To do so, select the checkbox “use single monitor for maternal vitals and fetal traces.” When you enable this checkbox, the Maternal Vitals/Fetal Monitor control is shown in the GUI. These controls enable you to change the display on the vital signs monitor.



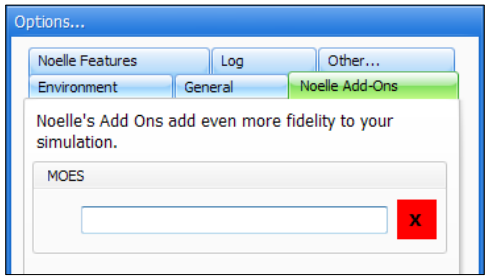


Select FM to display the fetal monitor and MV for maternal vitals. You can also have both screens auto change from one to the other. To do so, select the box labeled auto-flip and specify how often you will like the switch to take place.

NOELLE ADD-ONS

Enter the activation code to enable upgrade features. Activation codes are unique to the simulator’s serial number. Before entering a code, go to the Environment tab and set the connection mode to FIXED, then enter the simulator’s serial number.

- MOES. – Enter the MOES activation code to enable the MOES Standard curriculum profile.



OPTIONS (NEWBORN SPECIFIC)

The following options are specific to the Newborn control software.

NEONATE FEATURES

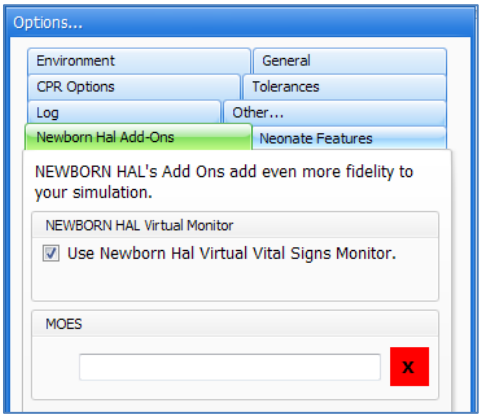
Configure Newborn features available in the Newborn software.

- Pulse – Set pulse strengths for normal BP (60/40)

NEWBORN HAL ADD-ONS

Enter the activation code to enable upgrade features. Activation codes are unique to the simulator’s serial number. Before entering a code, go to the Environment tab and set the connection mode to FIXED, then enter the simulator’s serial number.

- Virtual Monitor - Enable the “Monitors” menu option to configure the virtual monitor connection. For more information on connecting the virtual monitors, go to page 186.
- MOES. – Enter the MOES activation code to enable the MOES Standard curriculum profile.



AUTO RESPONSES

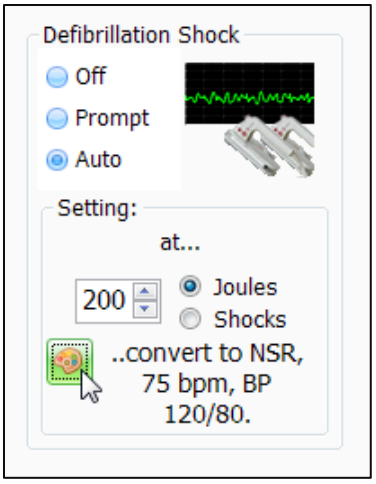
The Non-Scenario Automatic Response feature allows the facilitator to set preprogrammed responses to electrical therapy events. When the electrical therapy is detected, auto-responses can automatically load a specific palette item or prompt the facilitator before making preprogrammed changes to the simulator's vital signs. Non-scenario response settings only detect electrical therapy administered when a scenario is not in progress. For information on how to configure auto-responses for scenarios, go to page **Error! Bookmark not defined.**. To activate the virtual shock panel, go to page 88.

Warning:
Do not defibrillate or pace the simulator with real medical equipment.

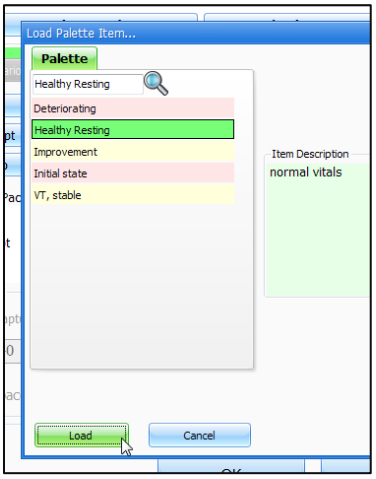
The behavior of each auto response option is explained below.

- Off - The software does not respond to the electric therapy
- Prompt - The software detects the electrical therapy and prompts the facilitator before applying the changes configured in the "Settings" section.
- Auto - The software automatically detects the electrical therapy and compares it to a threshold selected by the provider. If the threshold is met, the vitals will automatically change to the parameters specified on the "Settings" section.

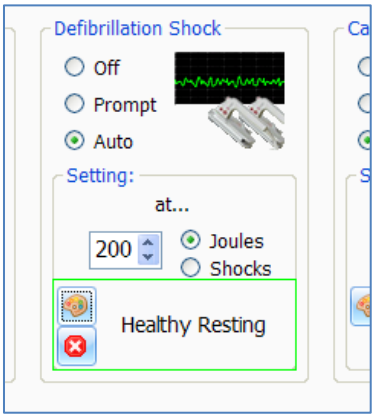
Each type of electrical therapy has a unique set of default parameters. For example, the default response to a Defibrillation Shock applies the following vital sign parameter changes: NSR, 75 bpm, BP 120/80. Click on the palette button to program a specific palette item as the auto-response.



The "Load Palette Item" window is displayed. Select the desired palette and click "Load".



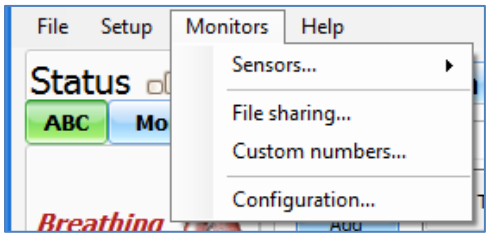
The desired palette is now displayed in the "Setting" section.



The auto-response is now configured to automatically apply the "Healthy Resting" palette if a Defibrillation shock of 200 Joules or greater is detected.

Monitors

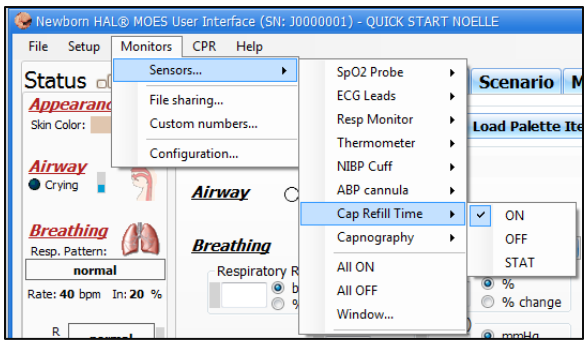
The optional Virtual Signs Monitor computer simulates a vital signs monitor attached to the patient. The vital signs information is sent through the Wi-Fi wireless network from the facilitator's tablet to the computer running the Gaumard Virtual Monitor software.



Use the Monitors drop down menu to enable/disable sensors on the virtual monitor screen, share files, program custom scalars and configure the connection between the GaumardUI and Gaumard Virtual Monitor software. For detailed instructions on how to configure and connect the Gaumard Vital Signs Monitors, go to 186 .

SENSORS

This tool allows you disable any of the waveforms present in the vital signs monitor.



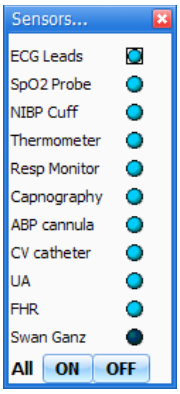
Select any of the waves that you will like to display and select “ON”. If you want to turn any of them off, click “OFF”. The vital signs monitor defaults to “All On.”

Some sensors, such as NIBP and Thermometer are equipped with a STAT control that will allow the facilitator to activate readings on the virtual monitors from the controller software.

Another way to control the sensors is to go to Monitors, Sensors,

WINDOW

This option brings up a floating window that can be viewed from any of the tabs in GUI. It can also remain opened as the users work in different scenarios. The sensors dialog box will look like the example below:



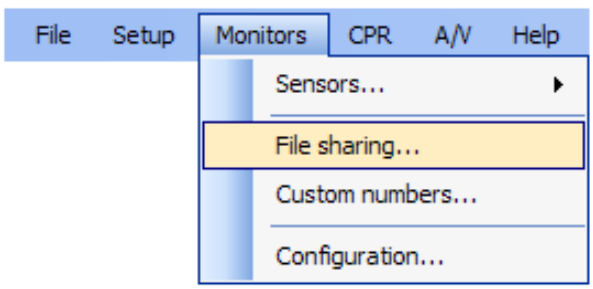
Light blue buttons indicate that a particular sensor is turned on and dark blue buttons indicate that a sensor is turned off. In the example above, all the sensors are turned on, except the thermometer and the ABP cannula.

FILE SHARING

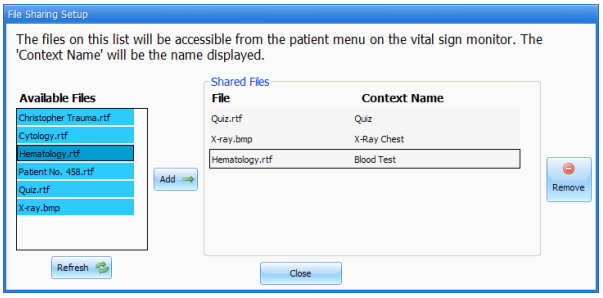
File sharing is only available when using the Gaumard vital signs monitor. To use this tool you must first locate the “GaumardUI” folder on the desktop (of the tablet). Make sure you enable it for file sharing. This can be done by doing a right click over the folder, selecting ‘Properties’ and then enable sharing.

Add to this folder any kind of files that you wish to share with your students or providers.

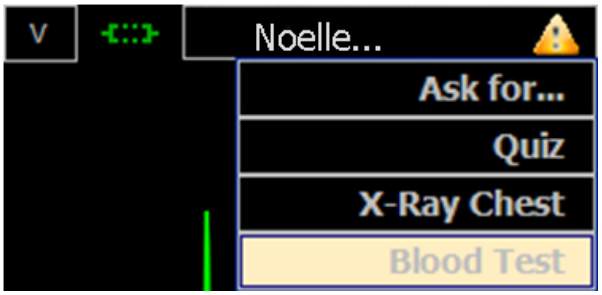
The File Sharing Setup menu is used to manage shared files.



Files in the Gaumard_UI folder will be listed on the **Available Files** panel located on the left. To share a file, click on the **Add** button in the middle of the screen. Enter a context name on the pop-up menu and click **OK**. The shared file will appear on the right list box. Remove individual files by using the remove button on the right.



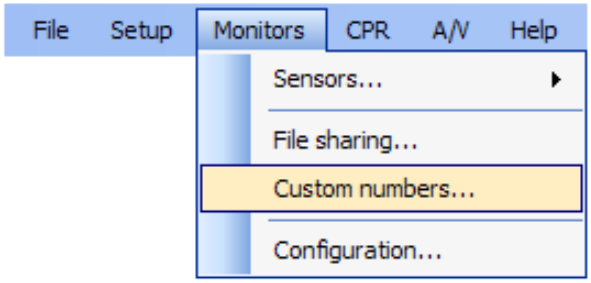
A yellow icon will be shown on the top left of the screen once a file is shared. This will inform the provider that a file is available for viewing.



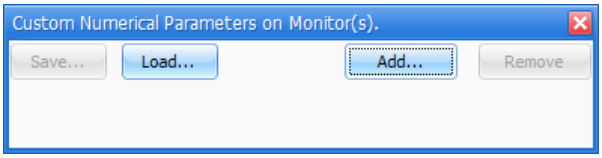
Click on the NOELLE button to bring down the selection of available files. Once a file is selected, it will automatically open on the Gaumard Monitor screen.

CUSTOM NUMBERS

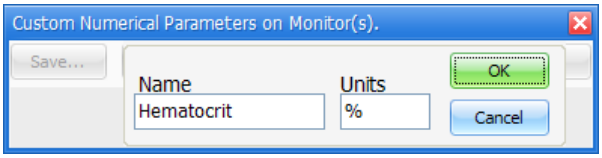
Use the custom numbers tool to add a new parameter, such as glucose level or platelet count, to NOELLE's virtual monitor.



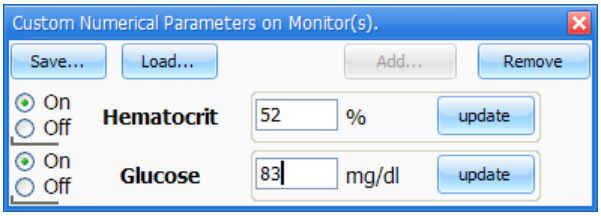
On clicking the "Custom numbers" option, the following window is displayed:



Click Add to enter a new parameter for display in the virtual monitor. This dialog box is displayed:

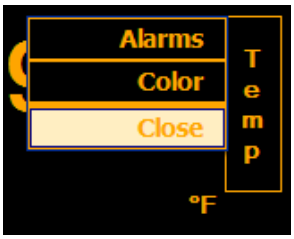


Enter the name and units of the new parameter and click "OK". The new parameter is displayed. Several custom numbers may be entered at a time.

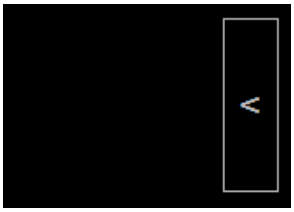


Enter the amount to be displayed in the virtual monitors and click "update".

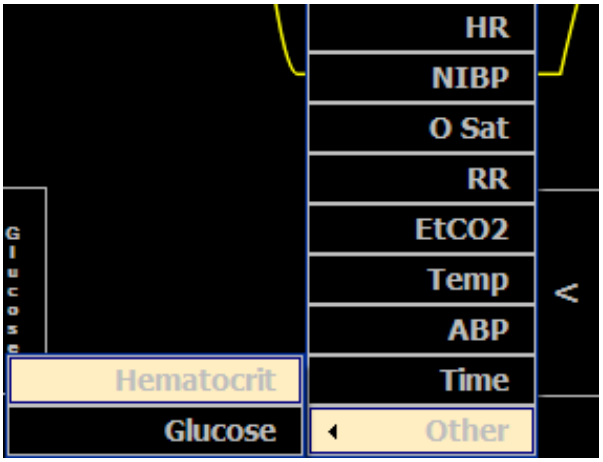
Have the student or provider close one of the parameters currently displayed by the virtual monitor by clicking on the button of the value to be removed, and selecting "Close".



Now the new custom number has a display slot.

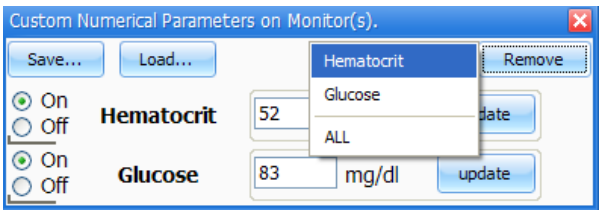


Click on the button and select “Other”. Choose the value to display.

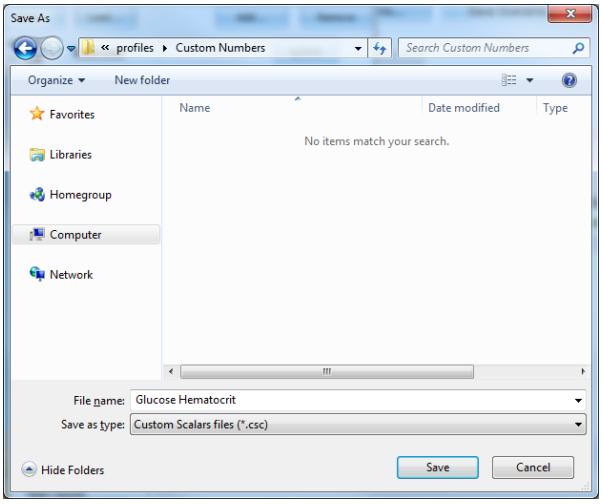


Do the same for as many new values as preferred for display. The figure below shows three new values: Glucose level, hematocrit, and TSH levels along the bottom of the display.

Delete any parameter by clicking “Remove”.



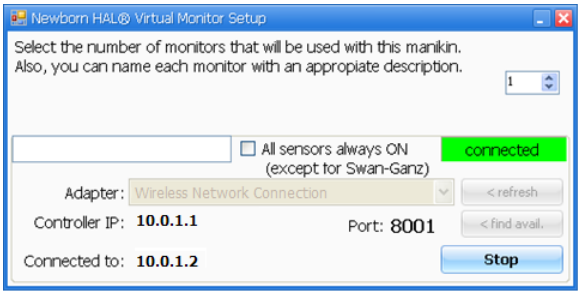
Save any list of added custom numbers by clicking on the “Save…” button. After clicking this button, the “Save As” window is displayed:



Type a file name, and click “Save”. You can load any of the pre-saved combination of custom numbers by clicking on the “Load” button.

CONFIGURATION

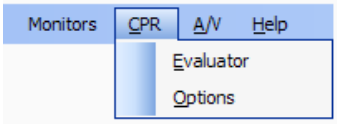
The Monitors>Configuration menu is used to verify or configure the connection status between GaumardUI and the Gaumard Monitors software.



To properly configure this window and the virtual monitors software, refer to the Appendix on page 186.

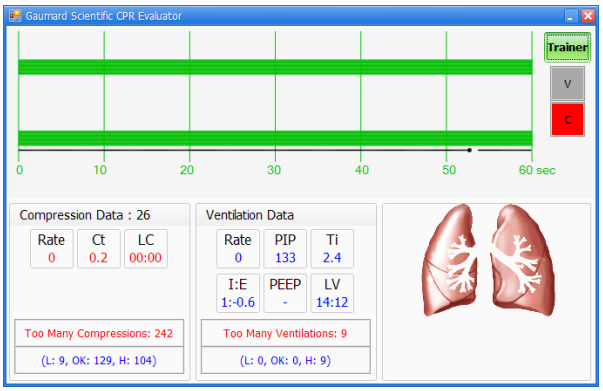
CPR

GaumardUI features a CPR performance evaluator and trainer. From the menu bar, click on CPR and select Evaluator to access the CPR Evaluator window.

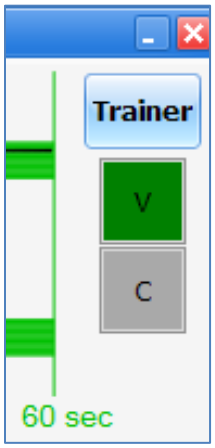


Chest compressions will not provide feedback to the instructor if the cardiac rhythm is set to a healthy state, and ventilations will only be reported if the respiration rate is set to zero.

The CPR evaluator feature provides real time feedback on the provider's compression and ventilation performance.

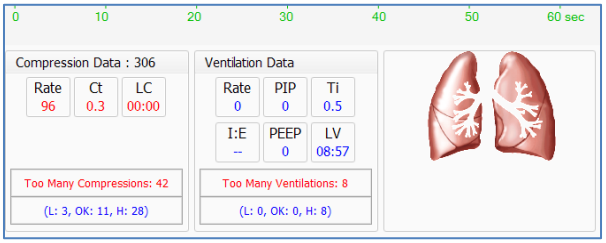


The provider performance indicator boxes are located on the right. The V (ventilation) and C (compression) box fill color changes between the following states:



- **Grey** – No intervention was detected.
- **Yellow** – Compression was too shallow. Ventilation was too weak.
- **Green** – Compression/ventilation was performed correctly.
- **Red** – Compression was too deep. Ventilation was too strong.

Compression and ventilation data is displayed at the bottom of the window as CPR is performed by the provider.



COMPRESSION DATA

Rate – Rate of compressions in real time.

Ct (Compression time) – Average length of each compression in seconds.

LC (Last Compression) – Time elapsed since the last compression performed.

VENTILATION DATA

Rate – Ventilation rate in real time.

PIP – (approx.) Peak Inspiratory Pressure

Ti – Time Inspiration

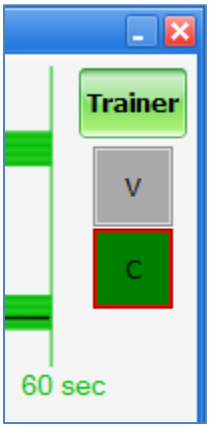
I:E – Inspiratory: Expiratory Ratio

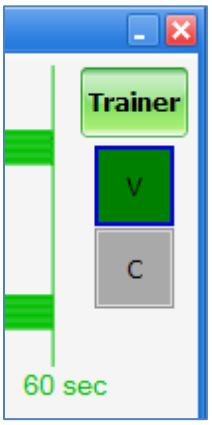
PEEP - (approx.) Positive end-expiratory pressure.

LV (Last Ventilation) **–** Time elapsed since the last ventilation performed.

TRAINER

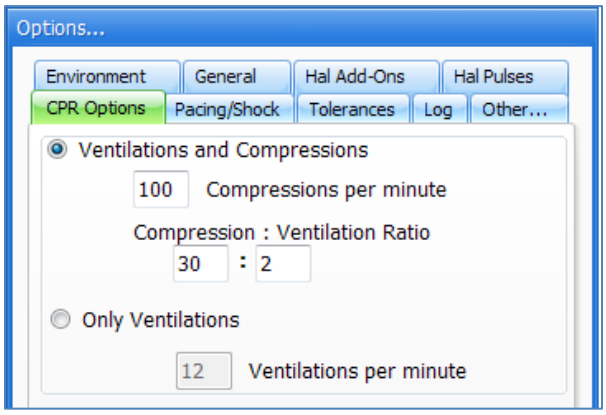
The CPR trainer features generates a visual queue of the compression to ventilation ratio programmed in the CPR Options menu. When the **Trainer** button is clicked, the V (ventilations) and C (compressions) box borders blink to indicate the correct reference CPR rate.





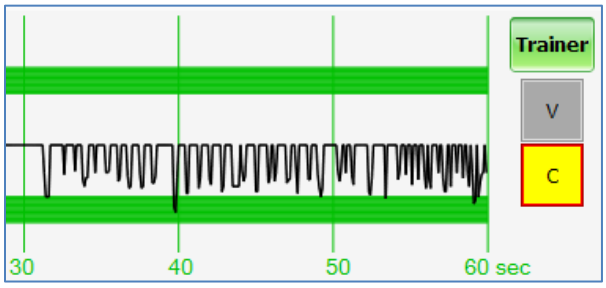
CPR OPTIONS

By default, the trainer is configured to blink the reference borders at a 30:2 compression to ventilation ratio. To change the ratio, navigate to the menu bar and click the CPR dropdown and CPR Options.

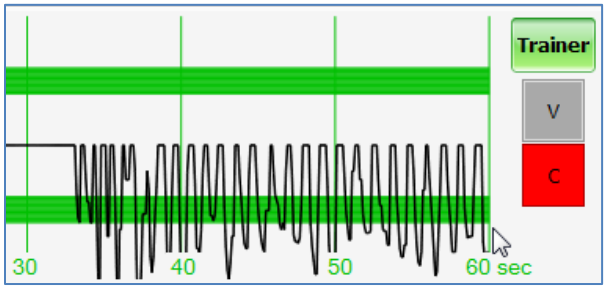


PERFORMANCE EXAMPLES

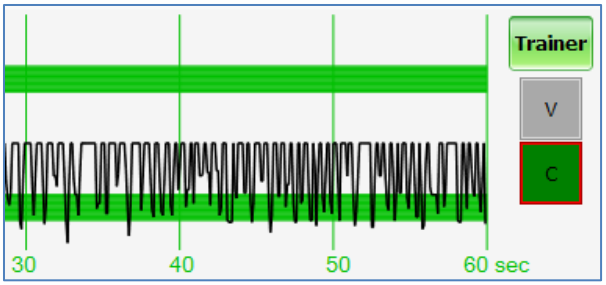
Compressions are too shallow. Waveforms mostly do not reach the green zone. Compression indicator is yellow.



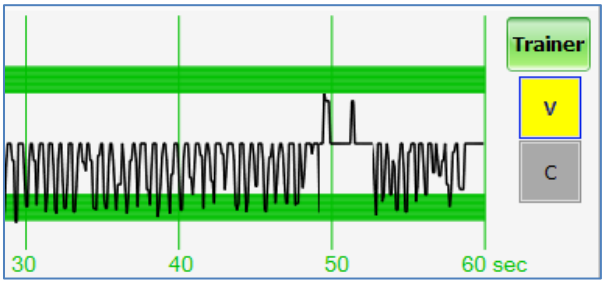
Compressions are too deep. Waveforms mostly exceed the green zone. Compression indicator is red.



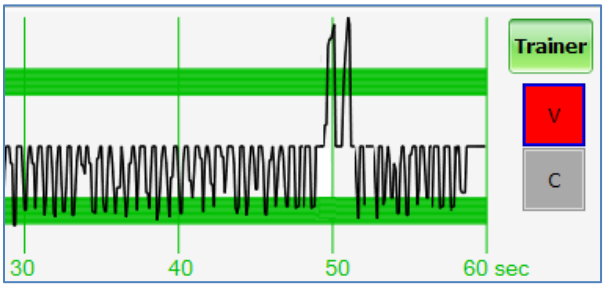
Compressions are performed correctly. Waveform peaks are mostly inside the green zone.



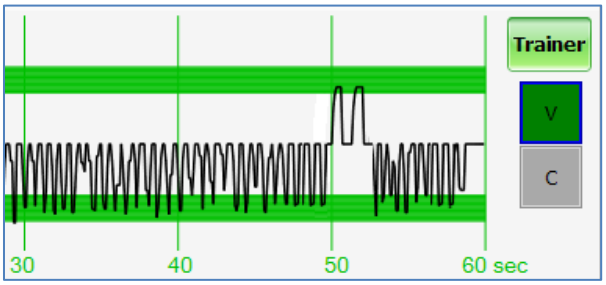
Ventilations are too shallow. Waveform peaks do not reach the green zone.



Ventilations are too strong. Waveform peaks exceed the green zone.



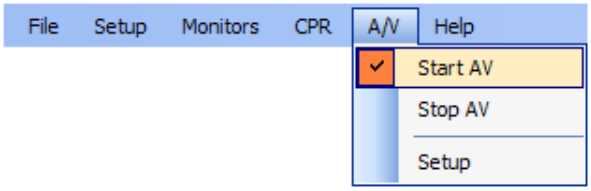
Ventilation was performed correctly. Waveform peak is inside the green zone.



A/V

GaumardUI is capable of interfacing with a number of third-party A/V recording systems that enable the capture of Audio and Video interlaced with the events recorded in the software log.

Enabling the AV Link displays the following A/V menu:

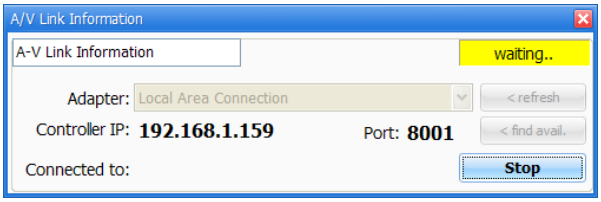


Click “Start AV” to enable the Audio Video messages in the log system. GaumardUI also permits automatic sending of a “Start Record” message to the A/V Unit.

Because it is possible to extend a simulation session beyond the last step in a scenario, the “Stop Recording” message does not have an “automatically stop” option.

SETUP A/V

Clicking on A/V, Setup displays the following dialog box: This menu permits sending Start and Stop messages to the recorder, as well as displaying the connection status. In order to set up the connection on the A/V System side, please consult your A/V System’s documentation.



Help

The help menu has four options: Instruction Manual, About GaumardUI, Check for Updates and Diagnostics.

INSTRUCTION MANUAL

Instruction Manual allows you to view a soft copy of the entire simulator help manual.

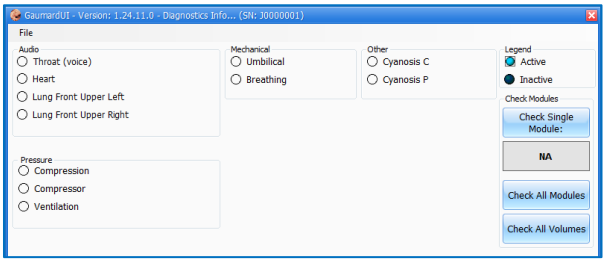
ABOUT GUI

This window gives you the version of the software you are currently using and also the firmware version.

If updates are not available, the “Install” button is disabled and the following dialog box is displayed.

DIAGNOSTICS

Use the diagnostics window to test and diagnose. For more information, go to the Appendix.



Working with NOELLE

Airway

NASAL AND ORAL INTUBATION

Airway management techniques can be practiced on NOELLE including BVM, nasal/oral intubation, and suctioning. Endotracheal tubes, NG tubes and LMAs can be used.

Procedure	Recommended Device Size
Intubation(Blade size)	Miller 4 or MAC 3.5
LMA	Size 4
Nasal Intubation	8 mm outer diameter max
Oral Intubation	ETT Fr 7 or 7.5

Warning:
Do not introduce liquids when performing nasal and oral intubation. Doing so can permanently damage the system.

Always lubricate tubing, airway and nasal opening prior to performing any nasal or oral intubation.

Breathing

Software controlled breathing patterns: Kussmaul's, Cheyne-Stokes, Biot's, Apneustic, apnea, and normal.

PULMONARY VENTILATION

The airway contains nominal landmarks permitting either BVM or intubation exercises including the use of a LMA. The trachea extends to the bronchi and lungs.

CPR

Use a normal size adult BVM which will seal around the mouth and nose. The ribs have normal anatomic landmarks and the lungs permit an adequate chest rise. Normal CPR procedures can be followed with aid of GaumardUI's CPR trainer.

Circulation

PALPABLE PULSES

Palpable bilateral radial pulses are blood pressure dependent.

BILATERAL IV ARMS

NOELLE has a bilateral IV training arms that can be used for bolus or intravenous infusions as well as for drawing fluids.

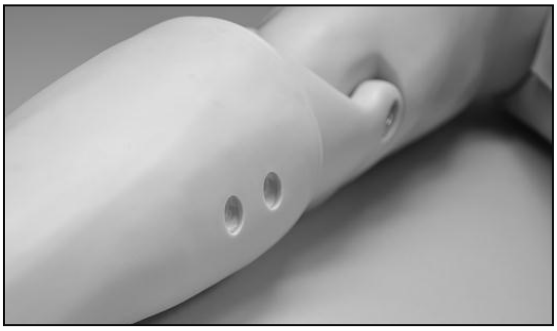
Warning:
Do not attempt to fill IV system without the drain connector in place.

Always leave the drain port connected when injecting fluids into the system.

Use only Gaumard's provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

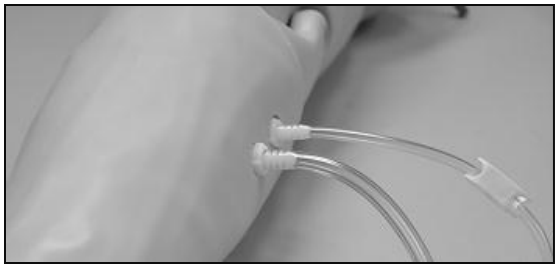
Always purge the system with 70% isopropyl alcohol solution at the end of every simulation.

1. First, locate the fill syringe with tubing and the drain tube with pinch-clamp. Fill the syringe with the desired fluid -- water or simulated blood.



2. Connect the syringe with tubing to one port and the drain tube with clamp to the other port as shown.

3. Leave the drain tube clamp opened and depress the syringe until all air has been pushed from the IV system and fluid runs from the drain.



4. To simulate a patient with no accessible peripheral IV sites, connect only the syringe. Pull the plunger to create suction, which will collapse the veins. Disconnect the syringe tube from the arm port while maintaining suction. The port will seal, and the veins will remain collapsed.

Obstetrics

NORMAL LABOR AND DELIVERY

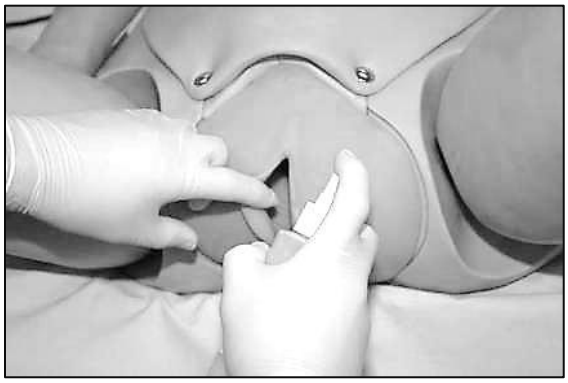
BIRTH CANAL MAINTENANCE:

- Ball point pens, ink and markers permanently stain the birth canal insert.
- Do not wrap this or any other Gaumard product in newsprint.
- The birth canal insert can be cleaning by wiping with a mild solution of soap and water. After cleaning, dust with talcum powder.
- Store the unit in a cool, dry place.
- After exercise is completed, **DO NOT** leave birthing baby in contact with the birth canal.
- Always lubricate the birth canal prior to delivery.

PREPARING FOR A DELIVERY

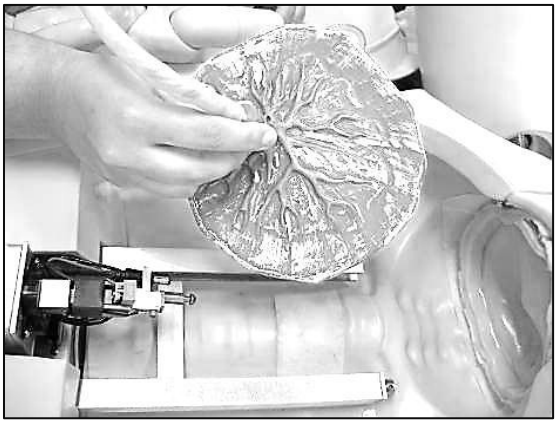
1. Lubricate the fetal head and shoulders, plus the inside of the birth canal insert, using the silicone oil provided.

> **Warning:**
> Always lubricate the fetus and the birth canal before every delivery. Failure to do so will result in damage to the birthing mechanism and the birth canal.



2. Lubricate the head and shoulders of the fetus.

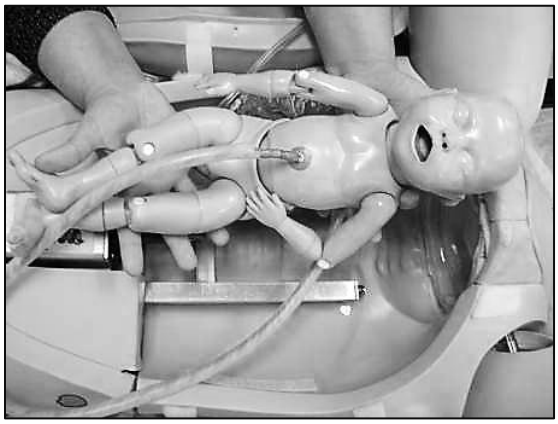
3. Attach the umbilicus to the placenta.



4. Attach placenta to either side of the abdominal wall. Orienting the Velcro patches in parallel causes segments of the placenta to be retained, if secundes are reversed; orienting them at right angles causes the placenta to release with modest traction.

5. Attach the umbilical cord to the baby, route the cord so it does not bind in the mechanism and attach the placenta to the pelvic cavity using the Velcro® fastener. Note that the fetus has 2 receptacles at the perineum into which the matching pins located on the birthing mechanism are inserted.

6. Position the fetal arms and legs as shown.



7. Umbilical cord can be wrapped around the neck, demonstrating a nuchal cord.

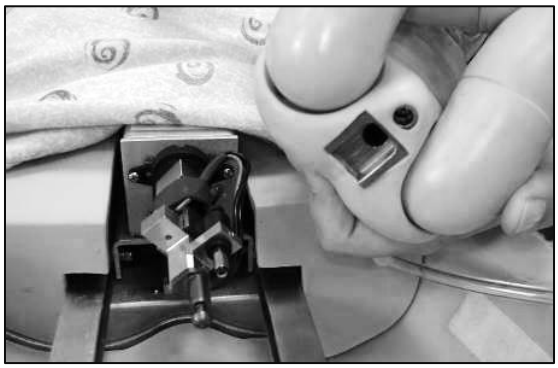
LOCKING MECHANISM

The birthing mechanism arm attaches and locks into the fetus attachment port. The motor arm low voltage cable feeds power to the locking mechanism and fetal heart tones speaker inside the fetus.

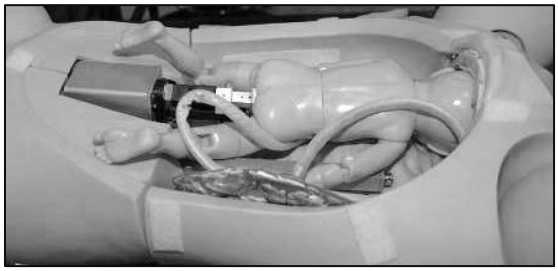
There will be one actuation of the locking mechanism when the articulating baby is inserted, which is normal.

Warning:
Never operate the birthing mechanism without the tummy cover in place.

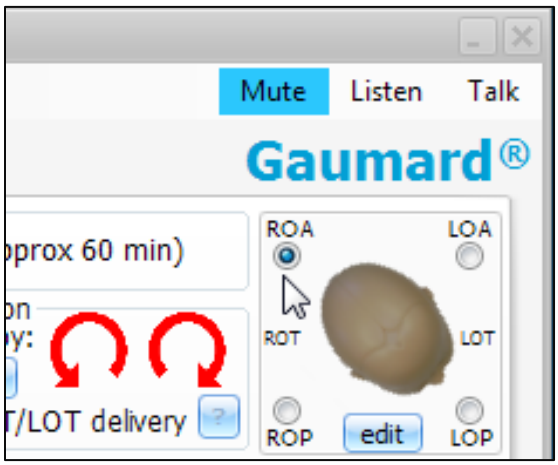
1. Position the baby so that its face is upward (anterior). Connect the baby to the birthing mechanism while the manikin is "ON" so that the electromechanical mechanism allows the baby to be locked into place.



2. Once the baby is connected and locked onto the mechanism, position the baby to its initial birthing position. The user has the choice of ROP, LOP, ROA, LOA.



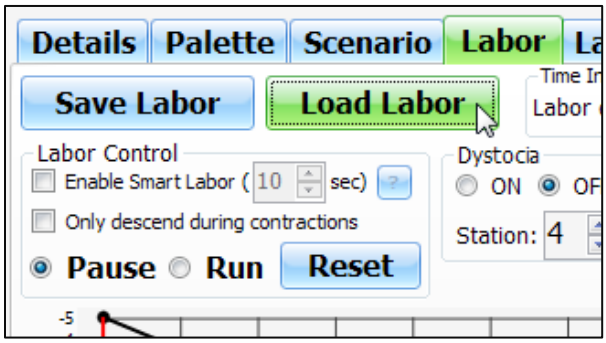
3. On the labor tab, select the fetal position that matches the birthing baby's initial position on the simulator.



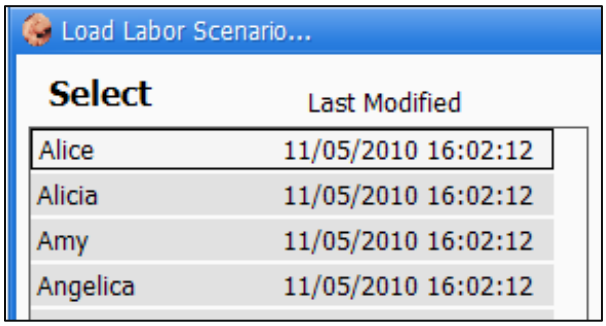
LOADING A LABOR SCENARIO

Several prebuilt labor scenarios are included in the Quick Start NOELLE Profile. Click the **Load Labor** button to load a labor scenario.

Tip: Navigate to File>Profile from the menu bar to quickly change between profiles.



On the **Load Labor Scenario…** window, select the **Alice** labor from and click **Load**.

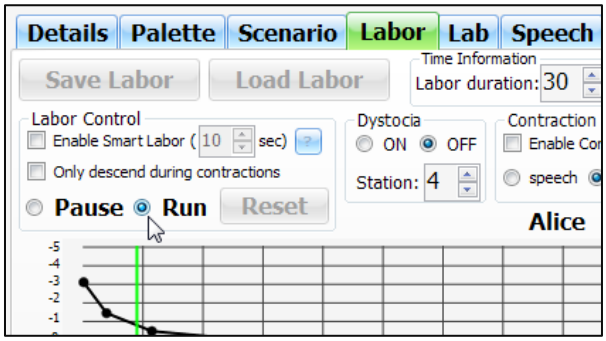


STARTING THE LABOR

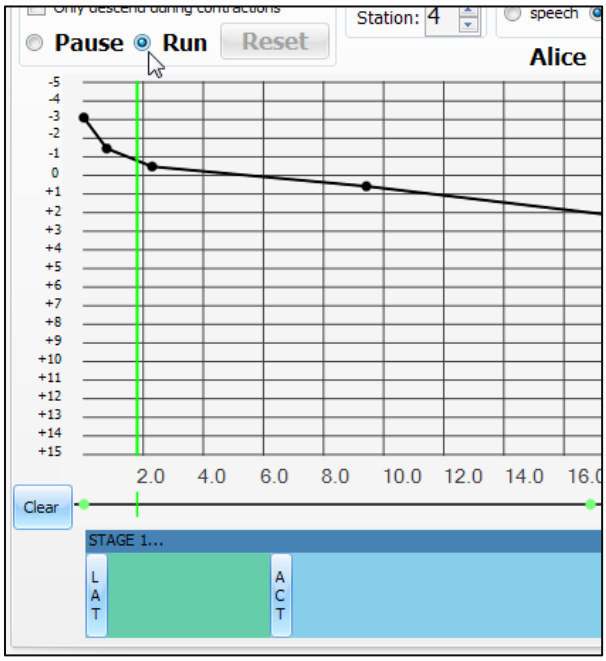
The labor process is started from the labor control panel. Increase the **Warp Factor** to simulate a 30 minute labor in a fraction of the time.

Warning:
Always place the tummy cover on the birthing cavity prior to starting the labor mechanism.

Click the **Run** to begin the labor process.



The labor mechanism will descend as indicated by the green vertical progress bar and descent curve.

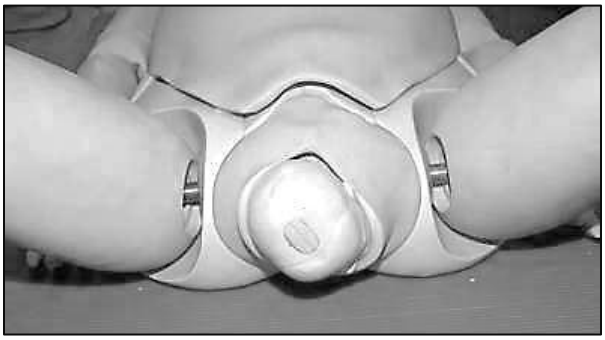


During delivery, fetal heart tones can be heard by placing the bell of a conventional stethoscope on the abdomen. Move it around until the tones are clearly heard. Tones are supplied via a small speaker located in the fetus.

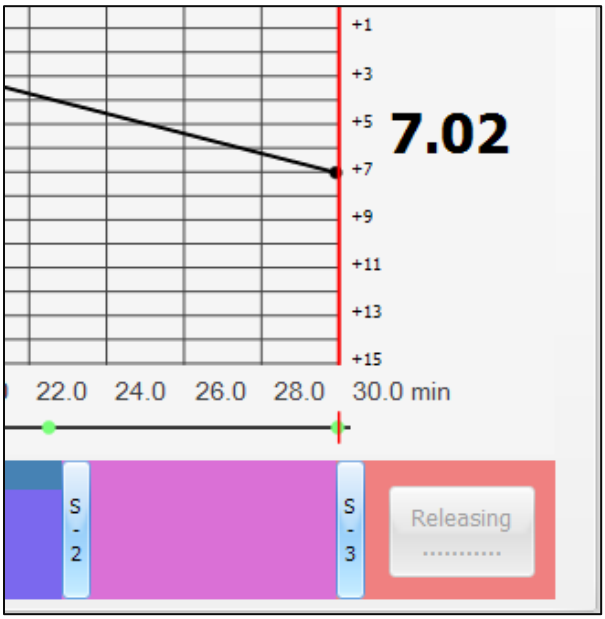
COMPLETING A DELIVERY

The first few centimeters of movement normally take about half the total delivery time. The baby rotates internally as it moves forward, after the head is delivered and before the shoulders are delivered.

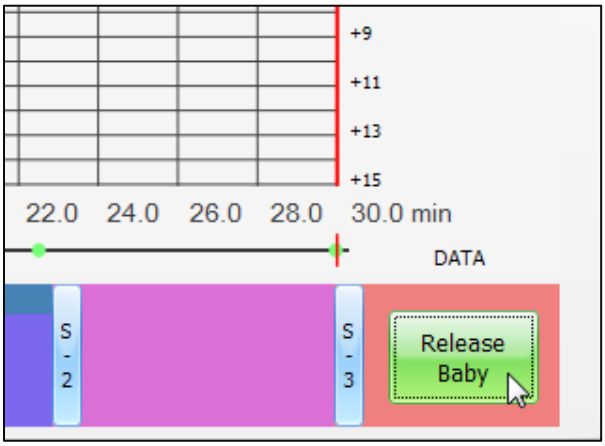
The fetus is turning and the head is crowning.



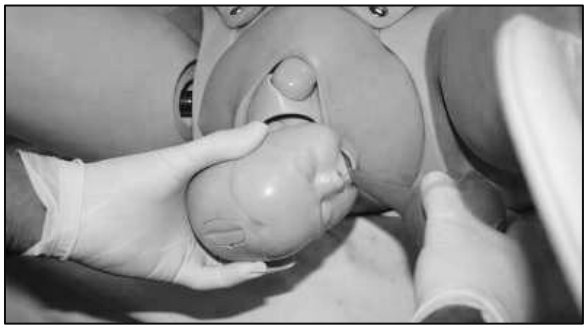
The student or instructor may help the fetal head and shoulders through the vulva just as in real life. However, the fetus will **automatically unlock** only after the vertical progress bar reaches **Stage 3** of the delivery process. The automatic unlock process is indicated by the **Releasing…** status.



Click the Release Button to manually disengage the baby.



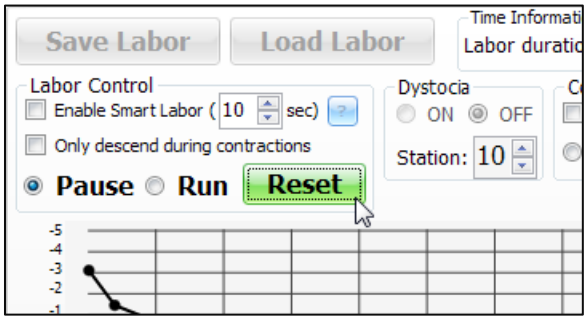
Warning:
Guide the baby out of the birth canal by gently pulling in line with the birthing mechanism. Pulling the baby with excessive force in contrast to the birthing mechanism's linear trajector may bend the motor arm and cause damage to the birthing mechanism.



RESETTING THE DELIVERY MECHANISM

After the delivery is complete, click the reset button to return the delivery mechanism to the initial position.

Warning:
Do not turn off the simulator until the birthing mechanism has fully retracted to its initial position.



Vacuum-Assisted Delivery

Vacuum-assisted delivery is a technique for the management of arrest during the second stage of labor. Criteria for successful delivery include: (1) cervical dilation is complete;(2) cephalic presentation is confirmed ;(3) the fetal head is no more than 1/5 palpable above the pubic bone; (4) effective uterine contractions continue; (5) maternal expulsive efforts continue. A soft skin scalp cover for the articulating baby is provided for vacuum-assisted deliveries.

Warning:
The soft skin scalp cover is to be used during the process of a vacuum delivery only.

Do not allow the head to rest against the cervix during non-simulation times. If pressure is left on the cervix from the scalp cover for lengthy times, both pieces will be damaged.

Always remove and store the soft skin after simulation is complete.

Vacuum-assisted delivery may be practiced with the NOELLE simulator using a vacuum cup available from a number of suppliers. Vacuum-assist device attaches to fetal scalp between fontanelles:

Await the next contraction that may be simulated by asking NOELLE to bear down, and have the student apply steady traction perpendicular to the plane of the cup. Some vacuum-assisted delivery devices are equipped with a means for measuring the amount of traction, which may be on the order of about fifteen pounds.

The software will also give the instructor a graph that indicates applied force, as the delivery mechanism is equipped with a strain gauge. The student must stop traction when the simulated contraction ceases. Repeat this procedure of waiting for the simulated contraction and providing traction during the contraction if and only if the fetus is moving down the birth canal with each contraction.

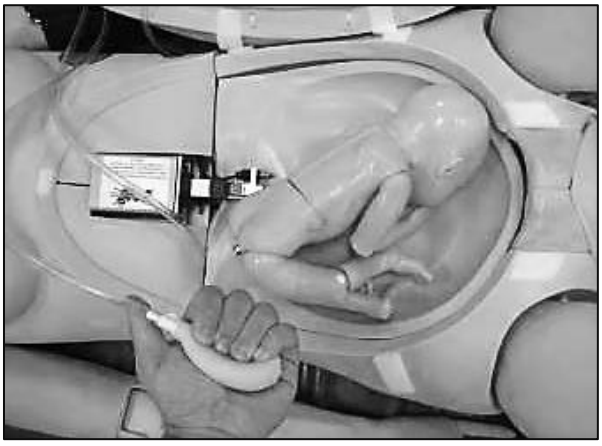
Leopold Maneuver

To perform Leopold Maneuvers, retract the birthing mechanism fully and remove the articulating birthing baby. Place the elevating cushion within the birthing torso. Route the inflation bulb outside NOELLE through any space open on the left side. Place the birthing baby in the elevating cushion in the vertex, breech, or transverse positions. Install the “tummy cover”. Inflate the elevating cushion until the fetus can be felt under the abdomen cover.

Warning:
Do not enable the motorized birthing mechanism while performing this exercise.

Placing elevating pillow within simulator:

Place fetus onto elevating pillow and lift fetus anteriorly using the squeeze bulb:



Set abdominal cover into place:

Lift fetus anteriorly using squeeze bulb until it can be felt under the cover.

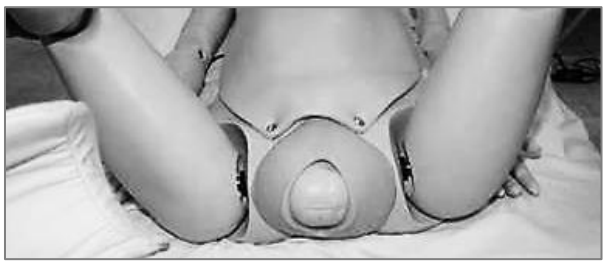
Conduct the four Leopold Maneuvers.

Shoulder Dystocia

Shoulder dystocia is a dangerous condition defined in the NOELLE Guide as the “arrest of delivery of the fetal body after the successful delivery of the fetal head”. It may be characterized by the so-called “turtle-sign” wherein the fetal head moves forward and then retracts.

During dystocia, the fetal shoulders become wedged behind the symphysis pubis. NOELLE may be used to practice the resolution of dystocia using episiotomy techniques, the McRobert’s maneuver, suprapubic pressure, posterior arm sweep, or elbow-knee delivery.

The McRobert’s maneuver causes pelvic tilt that helps release the fetal shoulder from behind the pubic bone:



Suprapubic pressure may also release the fetal shoulder:

To demonstrate shoulder dystocia, place the fetal baby in the ROA position. Activate the delivery mechanism moving the fetus down the birth canal until the fetal head is delivered. Simulate dystocia by clicking the “Turn ON Dystocia” button on the Labor Tab. Once the dystocia mode is active, the fetal traces will automatically convert to real-time mode, and with each subsequent contraction there will be a “Turtle Sign”.

Students must use the various maneuvers including fetal manipulation to deliver the baby. Once the students perform all of the appropriate maneuvers required by the instructor, the dystocia mode can be deactivated by clicking on the “Turn OFF Dystocia” button. Once the dystocia mode is off, the fetal traces and labor warp factor will adjust to the previous settings, and the labor will continue resulting in delivery of the baby.

It is *very important* that the students are aware of the “Turtle Signs”. If, for any reason, the students fail to recognize the proper corrective procedures required, the labor can be stopped completely and set up again. The instructor can then add an unsatisfactory note to the log of the providers’ actions.

Normally, the fetus is retained by the delivery mechanism so that it can be rotated but not delivered. The facilitator can either turn off the dystocia mode to allow the baby to be delivered in the normal fashion, or press the “Release Baby” button on the Labor tab. This action unlocks the baby allowing students to pull the baby through the birth canal.

Cesarean Delivery

Cesarean birth is the delivery of the fetus through an abdominal and uterine incision. A Cesarean delivery, also called a C-section, may be performed as a result of breech presentation, pre-term or dysfunctional labor, fetal distress, prolapsed umbilical cord, placenta previa, placental abruption, or a variety of other abnormalities.

Demonstrate a C-section using NOELLE by unfastening the snaps just above the pubic bone and birthing the baby between the tummy cover and the pubic bone. An optional abdominal cover is available if the Instructor wishes to demonstrate midline or “bikini” incisions.

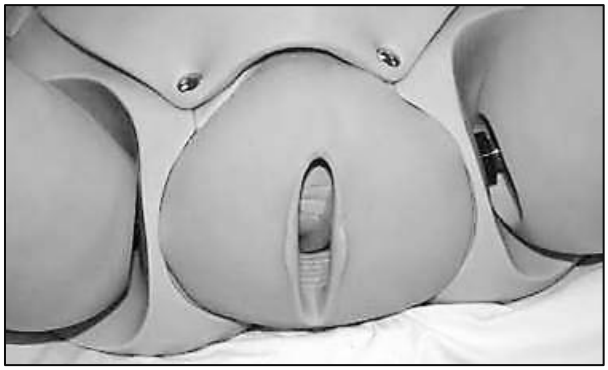
Delivery mechanism fully retracted and inflatable cushion inserted:

NOELLE C-section delivery using abdominal cover with “bikini” incision. P/N S575.029

Warning:
Do not enable the motorized birthing mechanism while performing this exercise

Prolapse of the Umbilical Cord

Prolapse of the umbilical cord is a dangerous complication which involves the presence of the umbilical cord in the birth canal in front of the presenting fetal part. This condition may occur as a result of breech presentation, transverse lies, a small fetus, an overly long cord, a placenta placed low in the uterus, or other abnormalities.



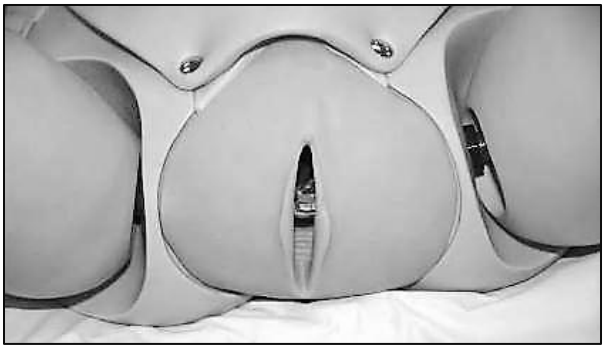
If the cord is observed in the birth canal ahead of the presenting part, gloved fingers should be inserted and the presenting part lifted off the cord to relieve pressure from the cord. This procedure must be maintained until the prolapse has been resolved, either by termination of the compression of the cord, or until delivery of the fetus by C-section.

Placenta Previa

Placenta previa is a condition in which the placenta is in the lower half of the uterus, located near to or covering the cervical os. There are three types of placenta previa: Total, partial and marginal.

- Total placenta previa is when the placenta completely covers the cervical os.
- Partial placenta previa is when the cervical os is partially covered by the placenta.
- Marginal placenta previa is when the edge of the placenta extends to the internal os where the uterus opens into the vaginal canal.

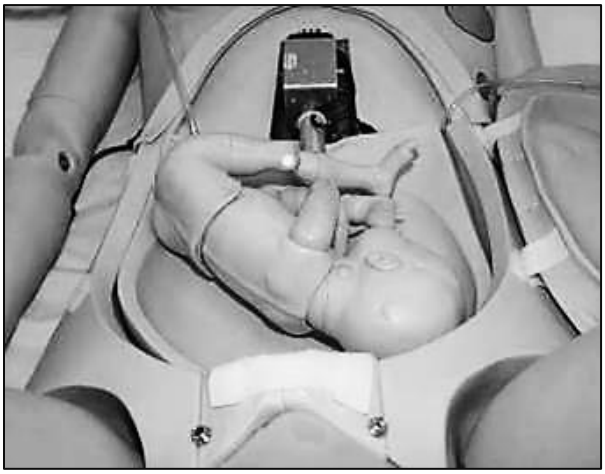
To simulate placenta previa with NOELLE, place the placenta in the desired position to simulate the condition with the maternal side against the uterine wall, or the cervical os. Then position the fetus within the uterine cavity with the presenting part closest to the placenta.



External Version

Version may be attempted by the care provider to rotate the fetus from a breech position into one permitting normal vertex presentation. To practice "version" remove the abdominal cover and the fetus, retract the delivery mechanism fully and insert the inflatable cushion. Thoroughly lubricate the inside surface of the abdominal cover, the fetus, and the inflatable cushion.

Place the lubricated fetus onto the lubricated inflatable cushion and snap the lubricated abdominal cover into place. Inflate the cushion lifting the fetus anteriorly. Inflate the cushion at the base of the pelvic cavity to position fetus.



Confirm the breech position and attempt to manually turn the fetus within the uterus by trans-abdominal manipulation.

Breech Birth

Breech birth occurs when either the buttocks or lower extremities of the fetus are the presenting part. There are three types of breech birth: frank, complete and incomplete, or footling.

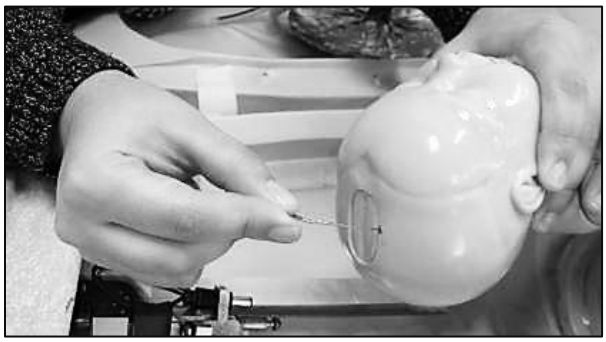
- Frank breech occurs when the buttocks are the presenting part and the legs of the fetus are extended up toward the baby's head.
- Complete breech occurs when the buttocks are the presenting part and the baby's legs are flexed along the lower torso.
- Footling or incomplete breech occurs when one or both of the legs are the presenting part.

There are many differences in labor between the breech presentation and the vertex presentation. During the descent, the posterior hip encounters the pelvic floor and internal rotation takes place, allowing the anterior hip to move beneath the pubic arch. The anterior hip then delivers, followed by the posterior hip, the legs and the feet. External rotation allows the shoulders to move into the maternal pelvis and internal rotation allows the shoulders to deliver. Downward traction allows the delivery of the anterior shoulder, with a finger inserted into the birth canal to free the arm. Upward traction allows the posterior shoulder to deliver and the posterior arm is freed in the same manner. After the delivery of the shoulders, the fetal head delivers in a flexed or heads up position.

Although it is possible for a vaginal delivery of breech presentations, once a breech presentation has been confirmed, a Cesarean is often performed to lower the risk of infant mortality due to cord prolapse or birth asphyxia.

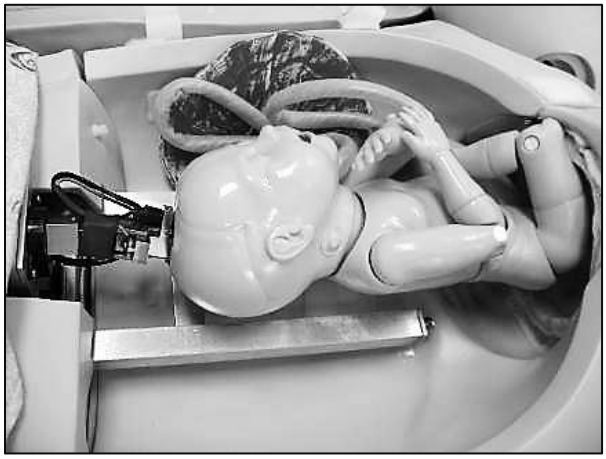
To simulate breech presentations with the NOELLE, retract the birthing mechanism fully, remove the cover in the fetal head, insert the birthing mechanism into the fetal head and place the fetal legs in either an extended position to simulate "footling" delivery or retract the legs for a "frank" delivery.

Remove plug in fetal head for breech delivery:



Removing plug reveals aperture for birthing mechanism:

Attach the fetal head to the birthing mechanism:



FRANK DELIVERY

The Pinard or leg-flip maneuver frees one leg then another.

The fetal arms may also require a similar maneuver during delivery.

The fetal arms are delivered and the fetus rotated anteriorly to birth the head.

Placenta Delivery

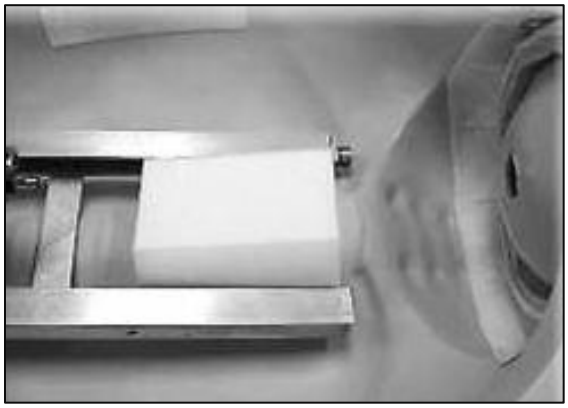
The placenta supplied with NOELLE may be positioned so that it births spontaneously, or requires either modest cord traction or manual removal. In addition, note that the placenta is designed with two removable placental fragments. These fragments are attached to the body of the placenta with Velcro. You may reverse one or both fragments causing one or both to birth with the placenta or remain affixed to the uterine wall.

Students must carefully inspect the birthed placenta to make sure it is complete and that no fragments remain internally. If retained fragments are noted, the student must retrieve them using a gloved hand under appropriate sterile conditions.

Postpartum Activity

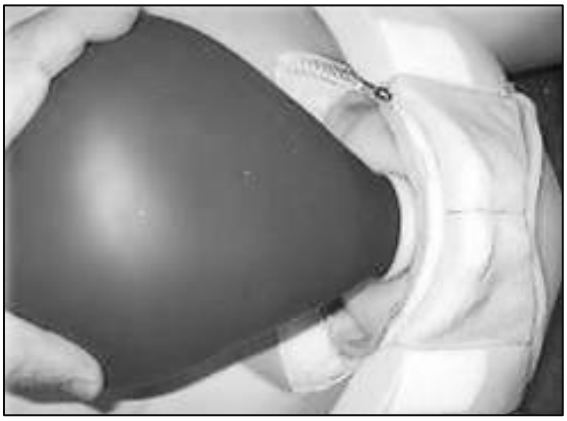
After delivery, the uterus normally contracts reducing postpartum bleeding. Under certain conditions contraction does not occur and hemorrhaging may continue. Postpartum hemorrhaging can be simulated with the Noelle system via use of the 48 hour uterus. Use the following steps to set the Noelle simulator for postpartum hemorrhage scenarios.

1. Place the white Styrofoam block between the rails of the birth mechanism.



2. Secure the uterus on the Styrofoam Velcro attachment to prevent it from moving or shifting. Then, insert the distal end of the uterus inside the cervix.

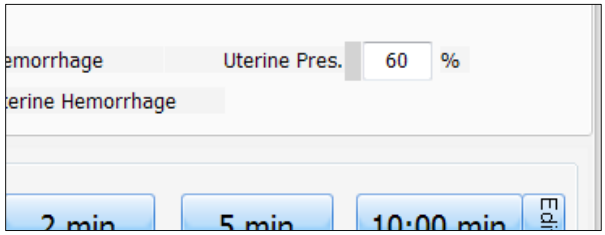
> **Warning:**
> Always ensure that the distal end of the uterus is inserted through the cervical opening of the birth canal until the cervix closes around the built in recess. Failure to do so could result in liquid accumulating in the pelvic cavity and damage to the birthing mechanism.



3. Connect the center hose to the air pressure port, and then the lateral hose to the uterine hemorrhage fluid port inside the abdomen.

UTERINE PRESSURE

Use bimanual massage to shrink the “boggy” uterus into a smaller and firmer condition. Adjust the uterine pressure using the control in the Details tab, or a palette item. Uterine pressure settings are also programmable into both linear and branching scenarios.



Hemorrhaging

Simulate cervix or birth canal hemorrhage complications with real fluid. Follow the steps below to fill the hemorrhage fluid reservoir and start the hemorrhage.

Warning:
Prior to starting an exercise, always position the simulator so the post- partum hemorrhage fluid will flow away from the birth canal and the simulator itself.

Do not allow post- partum hemorrhage fluid to puddle beneath the simulator or reach the lower back panel. Failure to do so will result in damage to the simulator.

FILLING THE HEMORRHAGE RESERVOIR

The hemorrhage fluid reservoir fill port is located behind the right knee. Using the “PPH Fill Kit Syringe”, fill the PPH reservoir with water or diluted Gaumard simulated blood mix. The hemorrhage reservoir has a maximum capacity of 850 mL or approximately 15 fill kit syringes.

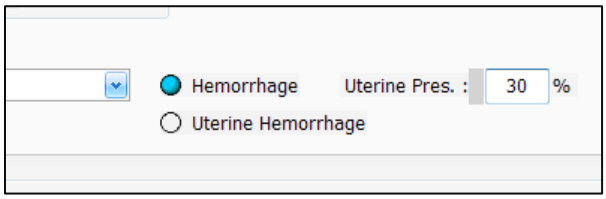
Warning:
Only use Gaumard provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

At the end of every simulation, always flush the system with distilled water to prevent clogging.

Do not overfill the reservoir.

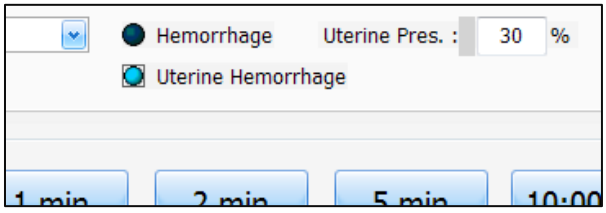
STARTING THE HEMORRHAGE

To start the bleeding, go to the Details tab and click the “Hemorrhage” feature icon to the “active” status (Blue). Then, click the Apply **NOW** button to submit the change and start the hemorrhage.



To stop the hemorrhage, click the control icon to black (disabled) and then click apply **NOW**.

If the uterus insert is connected to the uterine hemorrhage fluid port inside the abdomen, activate the “Uterine Hemorrhage” option to start bleeding from the cervix.



GaumardUI includes several built-in labors preprogrammed with post-partum hemorrhage activity. For more information, go to page 62 for more information.

Episiotomy Repair

To perform episiotomy repair exercises, remove the birth canal used during delivery and snap-in the episiotomy holder into place. Finally, snap the episiotomy insert into the holder. Use a “000” size suture and small curved needle to repair the surgical incision or repair. For replacement episiotomy inserts part number information go to page 191.

Systemic

INTRAMUSCULAR INJECTION SITES

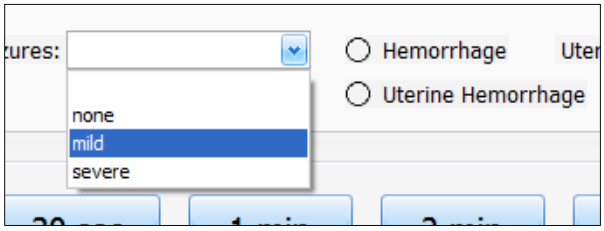
IM sites for placement exercises are located on both deltoids and quadriceps.

Warning:
Do not inject fluids into the IM sites.

Other

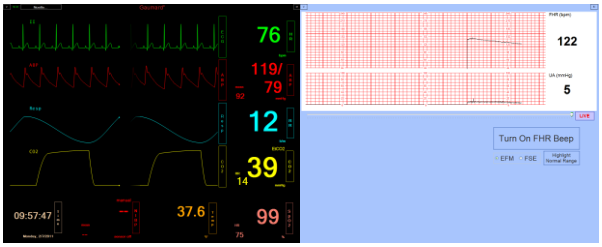
SEIZURES

NOELLE is outfitted with a convulsion mechanism that can be used in conjunction with scenarios, preeclampsia for example.



Vital Signs Monitor

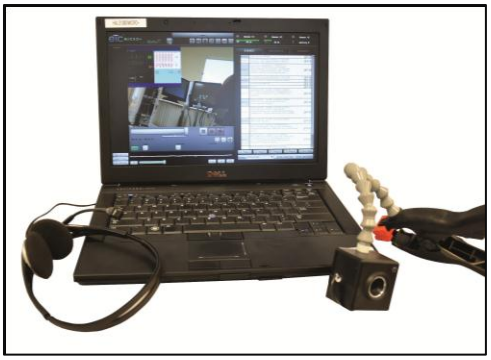
The vital signs monitor simulates a vital signs monitor attached to the simulated patient. The vital signs are synchronized through a wireless network between the facilitator's tablet and the computer running the monitor. You can customize each trace independently of each other; users can set alarms, time scales, boundaries and grid options.



For information on how to setup Gaumard Monitors with GUI, please refer to the Appendix.

MICRO + (OPTIONAL)

The Micro+ system is an all-in-one debriefing and simulator control solution for facilitators working in a lab or mobile environment. The system combines GaumardUI and powerful audio/video recording software in one control laptop.



Working with Newborn

Airway

Newborn's airway can be intubated orally using LMA or endotracheal tubes and nasally using a nasogastric tube.

Procedure	Recommended Device Size
Intubation (Blade size)	Miller 0
LMA	Size 1
Nasal Intubation	8 Fr catheter
Oral Intubation	ETT 3.0 no cuff, 6 Fr suction catheter

Warning:
Always lubricate tubing, airway and nasal opening prior to performing any nasal or oral intubation. Failure to do so will make intubation very difficult and is likely to result in damage.

Do not place silicone oil directly into the mouth and airway.

The nasogastric intubation feature is used for placement techniques only. Fluids cannot be inserted through nasogastric tubes as internal damage will result.

Breathing

Control the breathing and lung sounds synchronized with selectable breathing patterns.

Use a BVM which will seal around the mouth and nose. The ribs have normal anatomic landmarks and the lungs permit an adequate chest rise. Normal CPR procedures can be followed with aid of GaumardUI's CPR trainer.

Cardiac

Newborn is equipped with several realistic heart sounds which are tied to heart rates and selectable rhythms.

Circulation

Newborn's software controlled umbilical pulse is blood pressure and heart rate dependent.

To install or the umbilical cord, first turn the simulator off (by clicking on File, Exit on the GaumardUI software), or set the manikin on STAND-BY mode. The replacement of the umbilical cords should also be done while the manikin is turned off or set on STAND-BY mode.

Warning:
Do not remove or install umbilical cord while Newborn is in ON.

Newborn's umbilical cord can be catheterized or injected with up to 2ccs.

To fill the umbilical cord with fluid, inject any of the three blood vessels with 2 cc of water using the fill syringe. For catheterization, use a 6 Fr urethral round tip catheter lubricated with silicon oil.

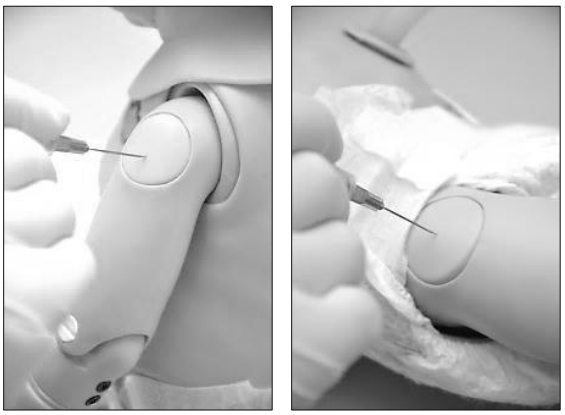
The umbilical cord can be trimmed or clipped for simulations and is therefore considered a consumable item.

Cephalic

Newborn displays central and peripheral cyanosis at various intensities – healthy, mild, and severe.

Systemic

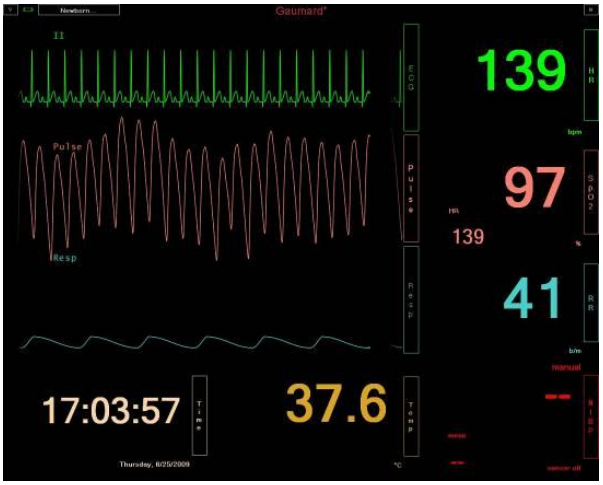
Intramuscular Injection sites are located on both deltoids and quadriceps for placement and technique exercises.



Other

VITAL SIGNS MONITOR

The Virtual Signs Monitor simulates a vital signs monitor attached to Newborn. The vital signs are synchronized through a wireless network between the facilitator's tablet and the computer running the monitor. Each trace can be customized independently of each other; users can set alarms, time scales, boundaries and grid options. In addition, it allows the facilitator to display lab reports, x-rays, and other files on the virtual monitor screen for use by the provider.



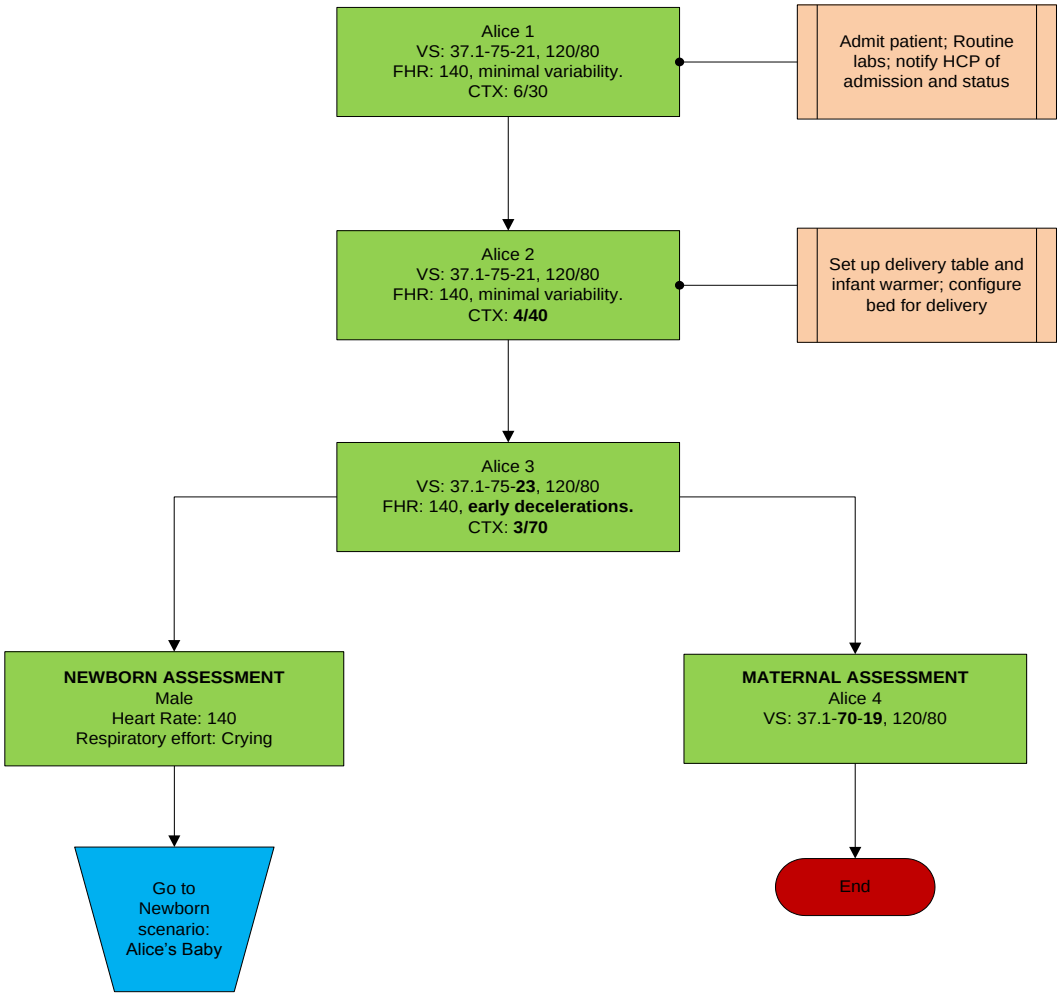
Appendix

Factory Preset Labor Scenarios

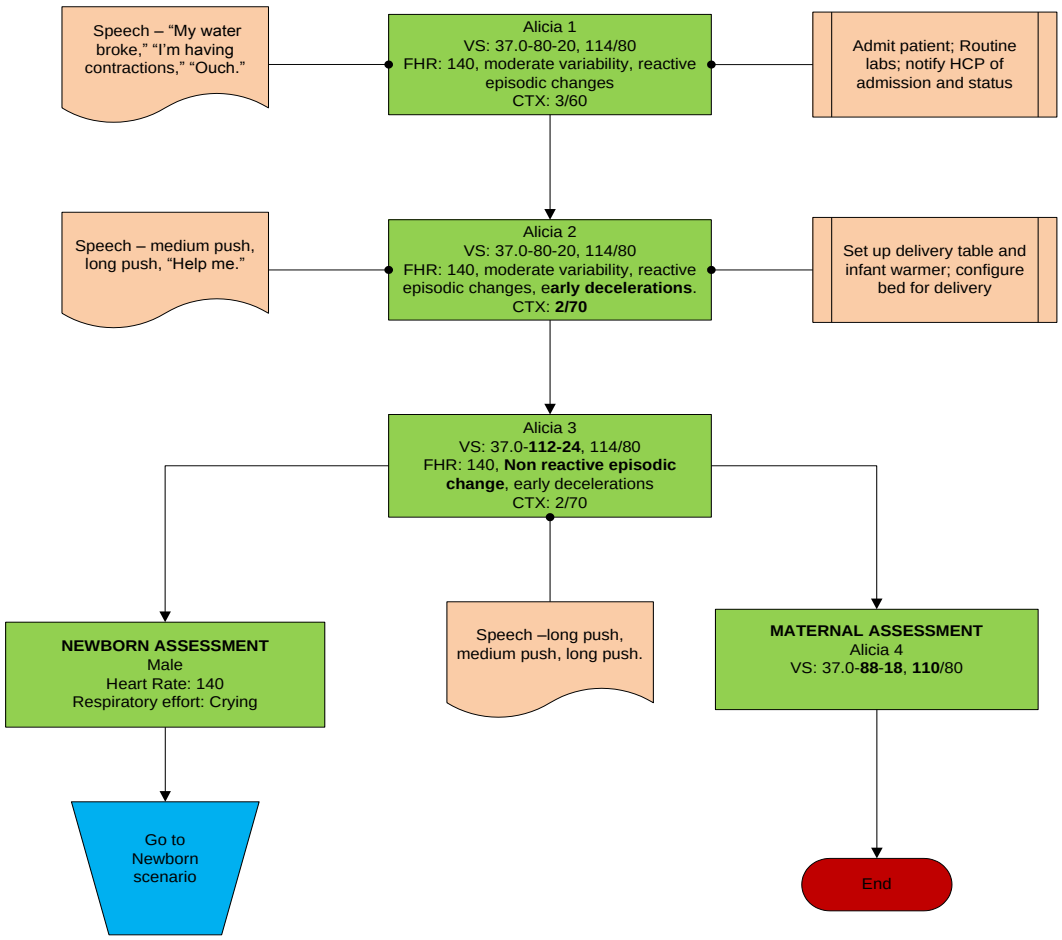
QUICK START SCENARIOS

	Scenario Name	Labor Type
1	Alice	Normal
2	Alicia	Variations on Normal
3	Amy	Variations on Normal
4	Angelica	Variations on Normal
5	Beth	Variations on Normal
6	Cynthia	Shoulder Dystocia
7	Donna	Breech
8	Elaine	Preeclampsia
9	Francine	Cesarean Delivery
10	Gloria	Cord Prolapse
11	Helen	Hemorrhage
12	Irene	Cesarean Delivery

Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Alice** Normal
Alice is a 24 year old female, weighing 170 pounds. Her OB history shows a gravida of 2 and a term of 1. She is currently 39 weeks pregnant and has one living child. She has had prenatal care. She has not been using medications of any kind. Labor duration: 30 minutes.	



Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Alicia** Variations on Normal
Alicia is a 24 year old gravida 2/1 at 39 weeks. She weighs 160 pounds. She has had prenatal care. She has not been using medications of any kind. Labor duration: 20 minutes.	

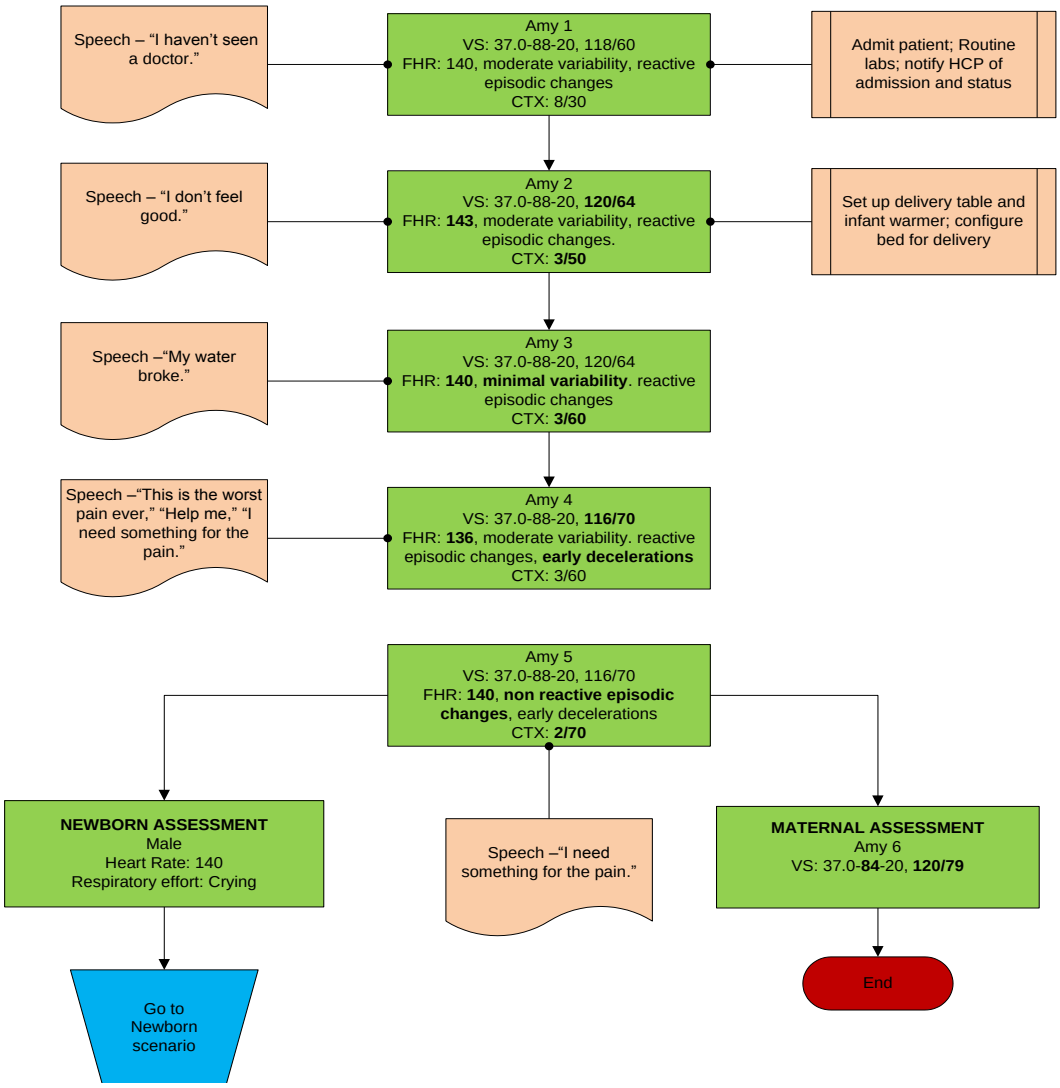

Speech – "My water broke," "I'm having contractions," "Ouch."
Alicia 1
VS: 37.0-80-20, 114/80
FHR: 140, moderate variability, reactive episodic changes
CTX: 3/60
Admit patient; Routine labs; notify HCP of admission and status
Speech – medium push, long push, "Help me."
Alicia 2
VS: 37.0-80-20, 114/80
FHR: 140, moderate variability, reactive episodic changes, **early decelerations**.
CTX: **2/70**
Set up delivery table and infant warmer; configure bed for delivery
Alicia 3
VS: 37.0-**112-24**, 114/80
FHR: 140, **Non reactive episodic change**, early decelerations
CTX: 2/70
NEWBORN ASSESSMENT
Male
Heart Rate: 140
Respiratory effort: Crying
Speech –long push, medium push, long push.
MATERNAL ASSESSMENT
Alicia 4
VS: 37.0-**88-18**, **110**/80
Go to Newborn scenario
End

Noelle® - Labor Scenario

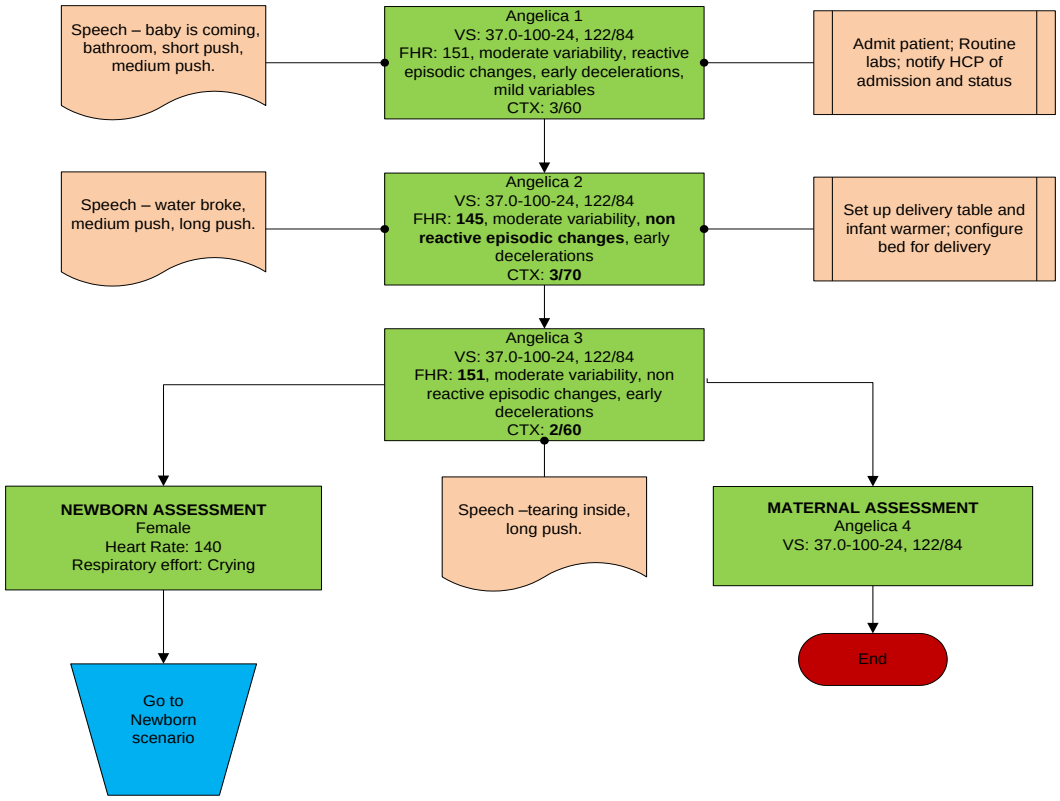
Amy

Variations on Normal

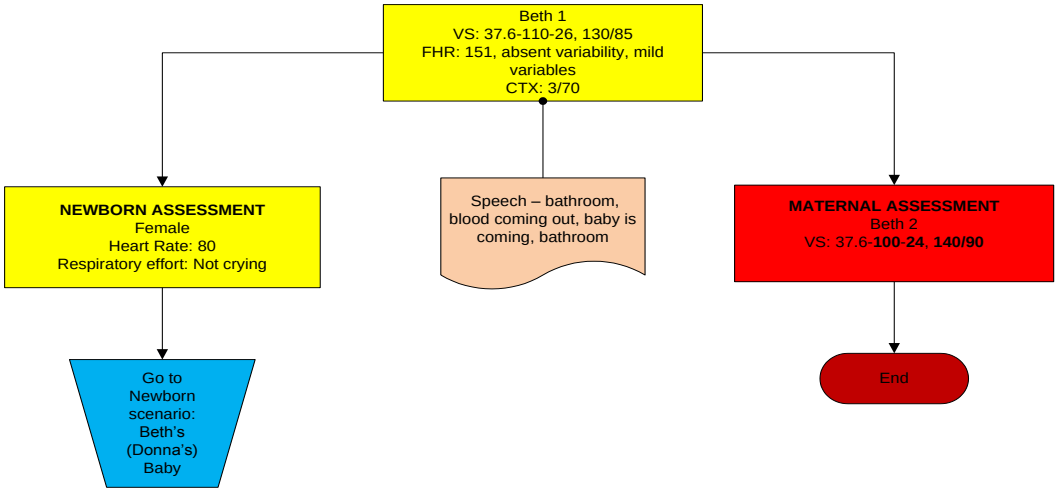
Amy is 19 years and she weighs 160 lbs. Her OB history shows a gravida of 1. She is currently 40 weeks pregnant. She enters LD accompanied by her mother. Labor duration: 30 minutes.


Speech – "I haven't seen a doctor."
Amy 1
VS: 37.0-88-20, 118/60
FHR: 140, moderate variability, reactive episodic changes
CTX: 8/30
Admit patient; Routine labs; notify HCP of admission and status
Speech – "I don't feel good."
Amy 2
VS: 37.0-88-20, **120/64**
FHR: **143**, moderate variability, reactive episodic changes.
CTX: **3/50**
Set up delivery table and infant warmer; configure bed for delivery
Speech –"My water broke."
Amy 3
VS: 37.0-88-20, 120/64
FHR: **140**, **minimal variability**. reactive episodic changes
CTX: **3/60**
Speech –"This is the worst pain ever," "Help me," "I need something for the pain."
Amy 4
VS: 37.0-88-20, **116/70**
FHR: **136**, moderate variability. reactive episodic changes, **early decelerations**
CTX: 3/60
Amy 5
VS: 37.0-88-20, 116/70
FHR: **140**, **non reactive episodic changes**, early decelerations
CTX: **2/70**
NEWBORN ASSESSMENT
Male
Heart Rate: 140
Respiratory effort: Crying
Speech –"I need something for the pain."
MATERNAL ASSESSMENT
Amy 6
VS: 37.0-**84**-20, **120/79**
Go to Newborn scenario
End

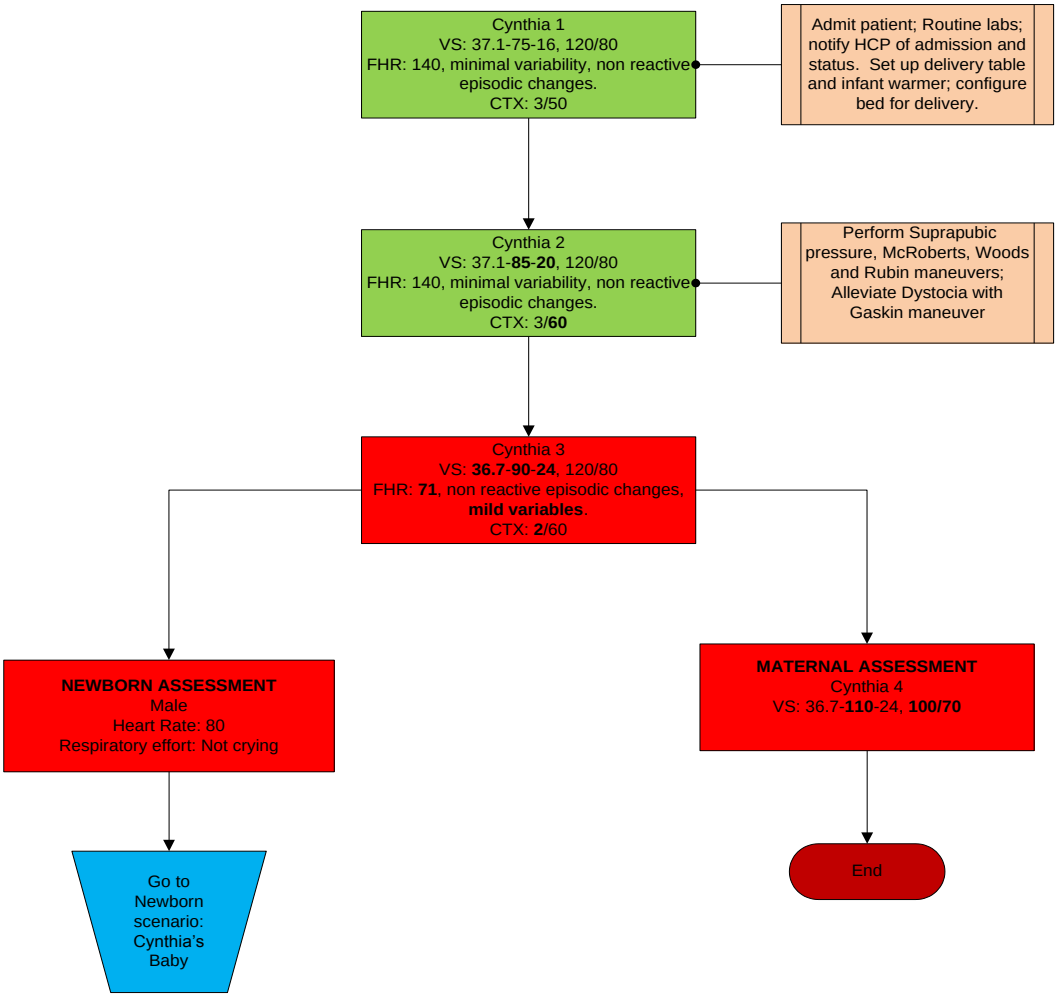
Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Angelica** Variations on Normal
Angelica is a 31 year old gravida 5/3 at 41 weeks. She weighs 160 lbs. She has experienced no prenatal complications and has a history of fast labors. Labor duration: 20 minutes.	


Speech – baby is coming, bathroom, short push, medium push.
Angelica 1
VS: 37.0-100-24, 122/84
FHR: 151, moderate variability, reactive episodic changes, early decelerations, mild variables
CTX: 3/60
Admit patient; Routine labs; notify HCP of admission and status
Speech – water broke, medium push, long push.
Angelica 2
VS: 37.0-100-24, 122/84
FHR: 145, moderate variability, non reactive episodic changes, early decelerations
CTX: 3/70
Set up delivery table and infant warmer; configure bed for delivery
Angelica 3
VS: 37.0-100-24, 122/84
FHR: 151, moderate variability, non reactive episodic changes, early decelerations
CTX: 2/60
NEWBORN ASSESSMENT
Female
Heart Rate: 140
Respiratory effort: Crying
Speech –tearing inside, long push.
MATERNAL ASSESSMENT
Angelica 4
VS: 37.0-100-24, 122/84
End
Go to Newborn scenario

Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Beth** Variations on Normal
Beth is a 16 year old gravida 2/0 at 37 weeks. She has had one elective abortion. She has had prenatal care. Labor duration: 10 minutes.	

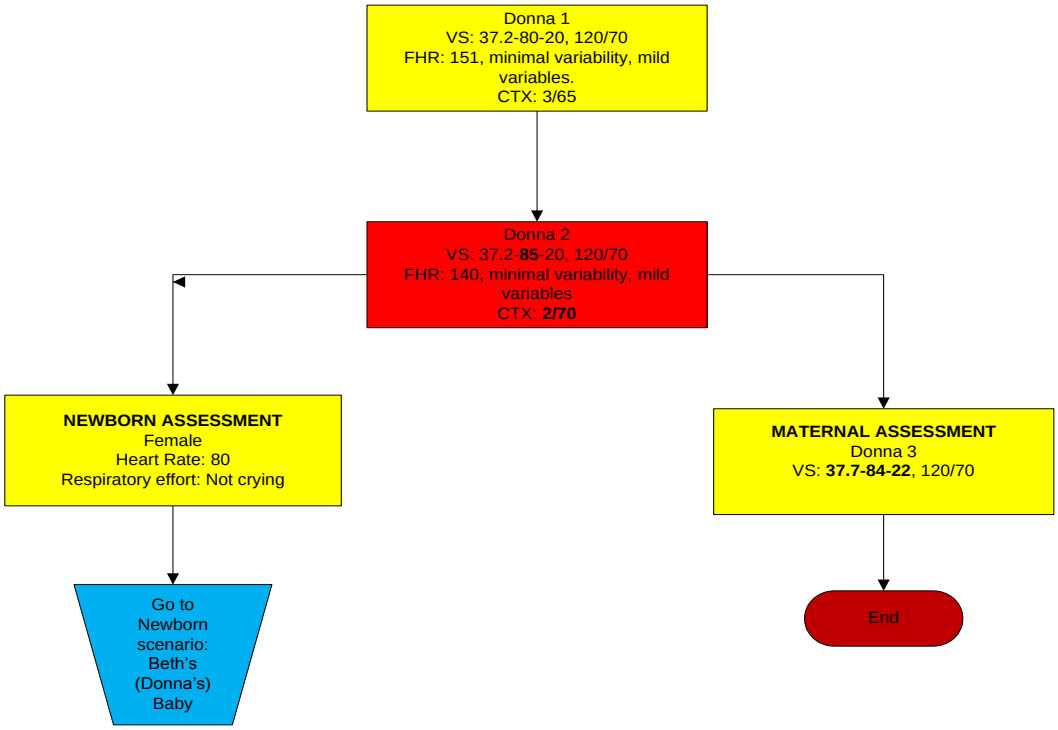


Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Cynthia** Shoulder Dystocia
Cynthia is a 31 year old gravida 3/1 at 41 weeks. She weighs 170 lbs. Labor duration: 30 minutes.	

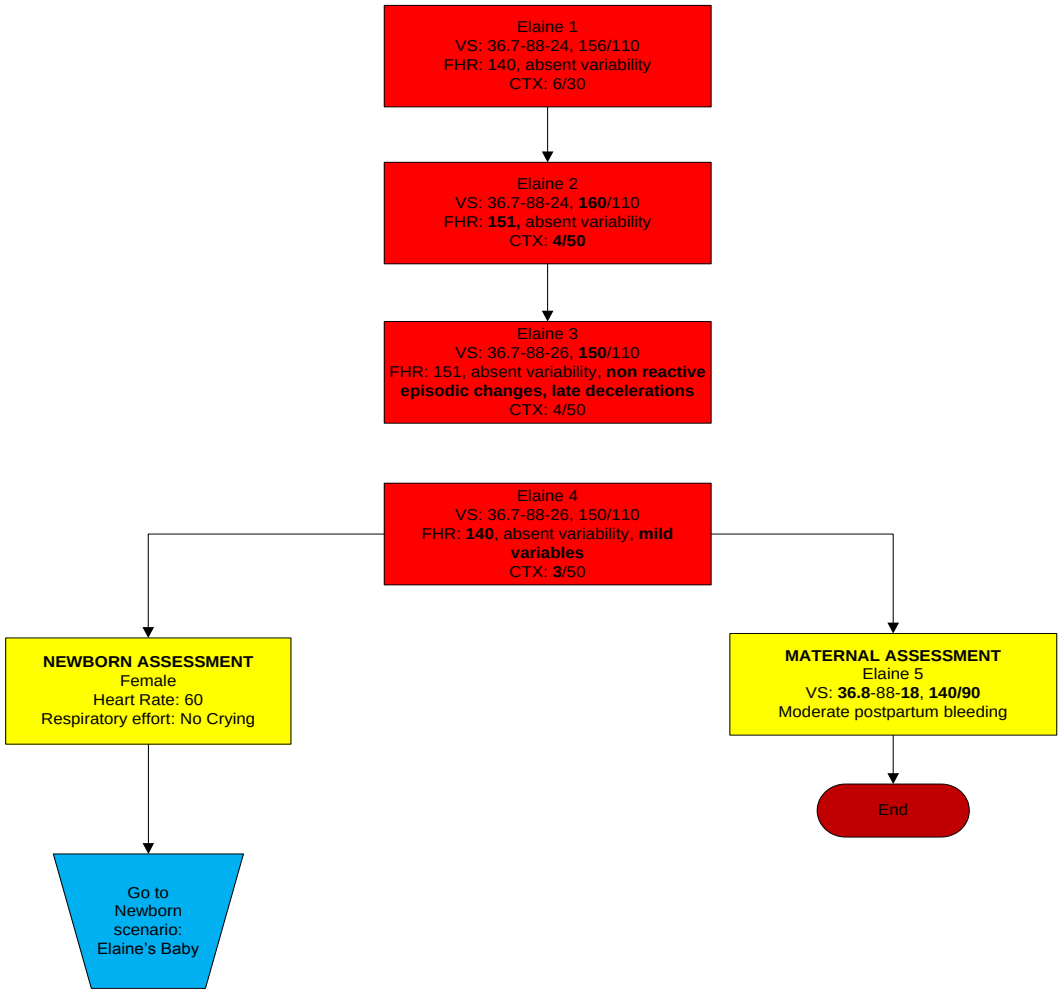

Cynthia 1
VS: 37.1-75-16, 120/80
FHR: 140, minimal variability, non reactive episodic changes.
CTX: 3/50
Admit patient; Routine labs; notify HCP of admission and status. Set up delivery table and infant warmer; configure bed for delivery.
Cynthia 2
VS: 37.1-**85**-**20**, 120/80
FHR: 140, minimal variability, non reactive episodic changes.
CTX: 3/**60**
Perform Suprapubic pressure, McRoberts, Woods and Rubin maneuvers; Alleviate Dystocia with Gaskin maneuver
Cynthia 3
VS: **36.7**-**90**-**24**, 120/80
FHR: **71**, non reactive episodic changes, **mild variables**.
CTX: **2**/60
NEWBORN ASSESSMENT
Male
Heart Rate: 80
Respiratory effort: Not crying
MATERNAL ASSESSMENT
Cynthia 4
VS: 36.7-**110**-24, **100/70**
Go to Newborn scenario: Cynthia's Baby
End

Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Donna** Breech

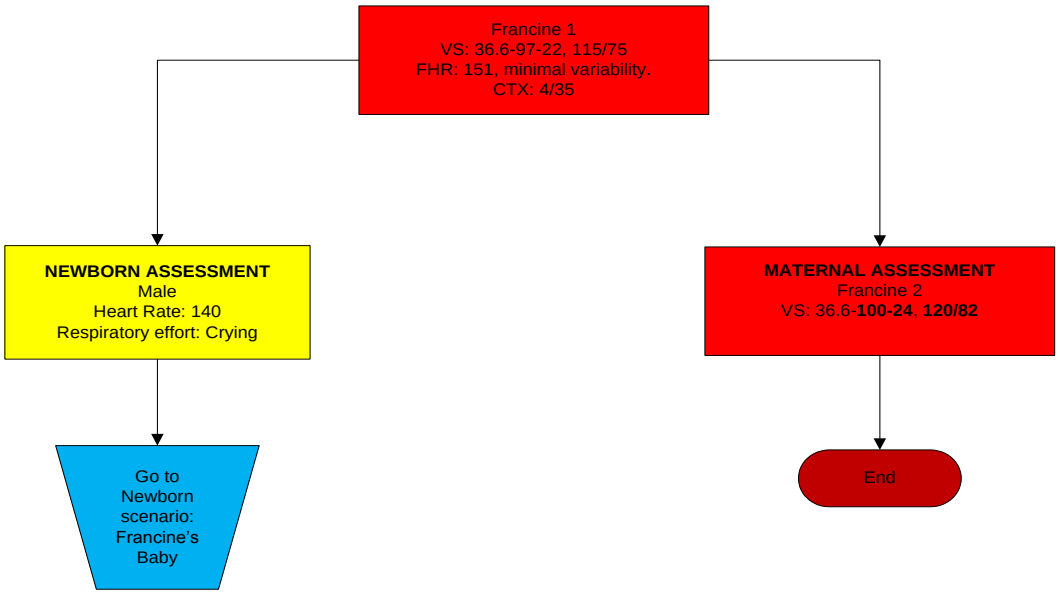
Donna is a 20 year old gravida 4/2 at 31 weeks. She weighs 180 lbs. She has had one elective abortion. She has had prenatal care. Labor duration: 20 minutes.



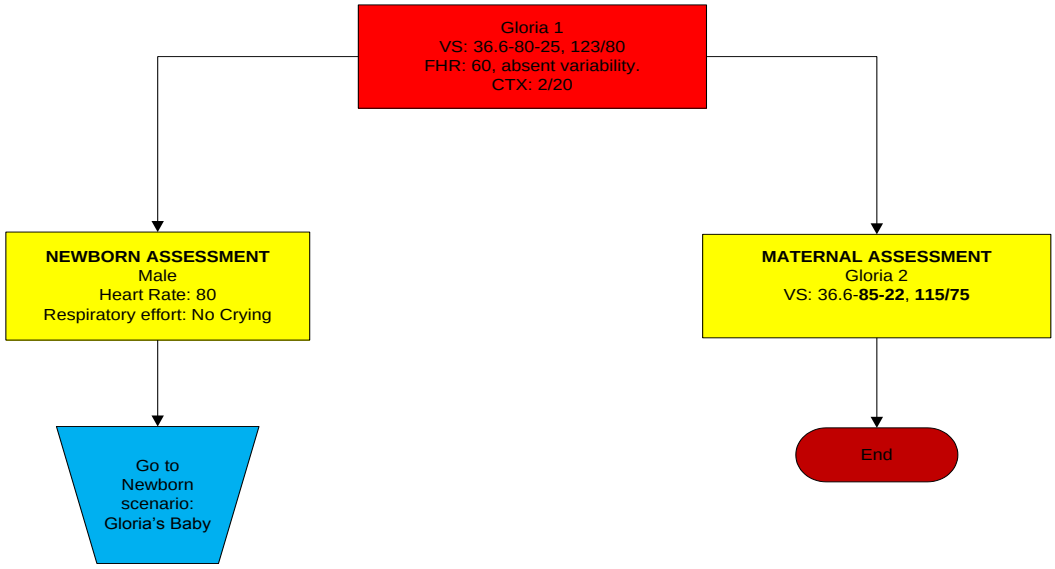
Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Elaine** Preeclampsia
Elaine is a 23 year old gravida 1/0 at 37 weeks. She weighs 140 lbs. She has had prenatal care. She complains of mind frontal headache. 3+tibial edema and 4+ DTRs with 2 beats clonus are noted. Labor duration: 40 minutes.	



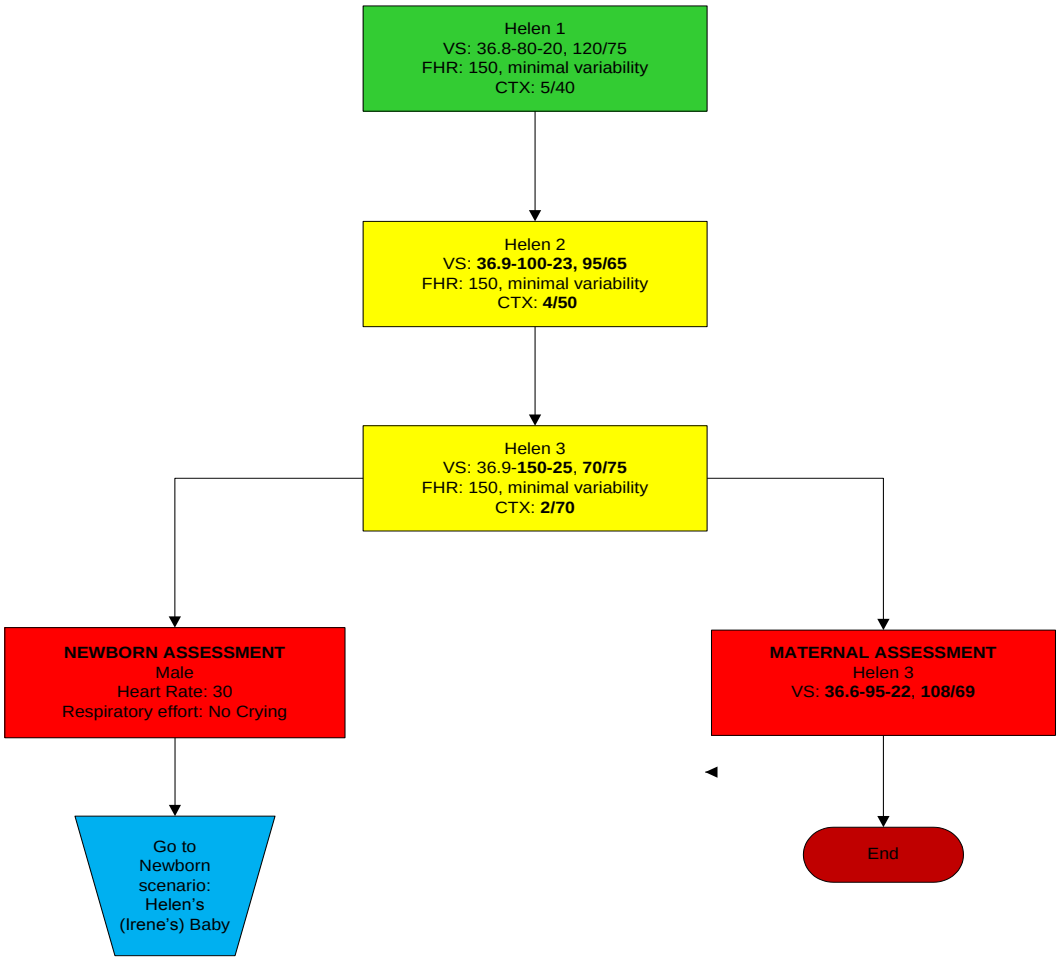
Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Francine** Cesarean Delivery
Francine is a 19 year old female gravida 2/1 at 37 weeks. She weighs 145 lbs. She has had prenatal care. She has STD, Herpes. Labor duration: 10 minutes.	



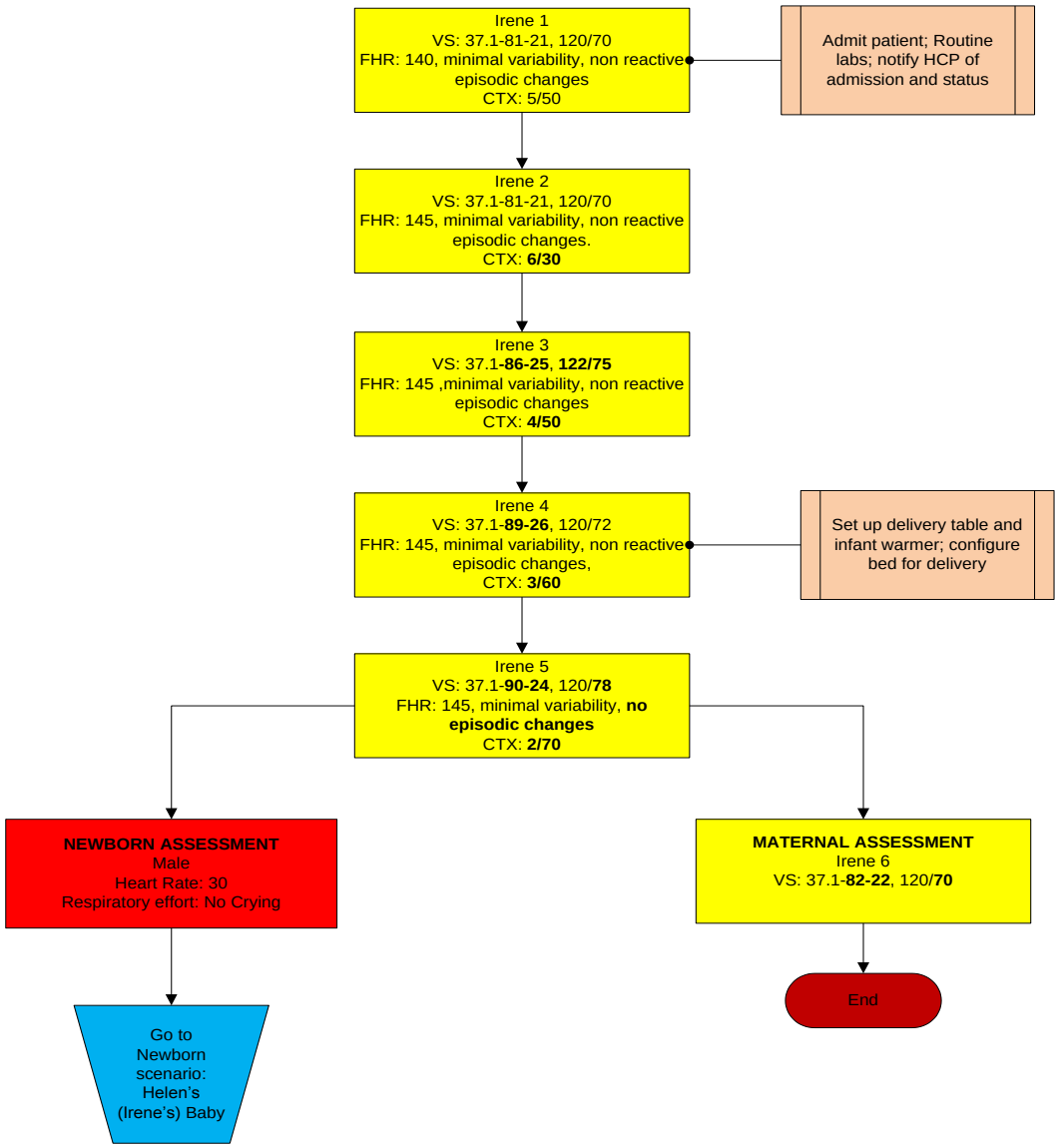
Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Gloria** Cord Prolapse
Gloria is a 34 years old gravida 1/0 at 25 weeks. She weighs 190 lbs. She has had prenatal care. Labor duration: 10 minutes.	



Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Helen** Hemorrhage
Helen is a 25 year old gravida 1/0 at 35 weeks. She weighs 180 lbs. She has had prenatal care. Labor duration: 30 minutes.	

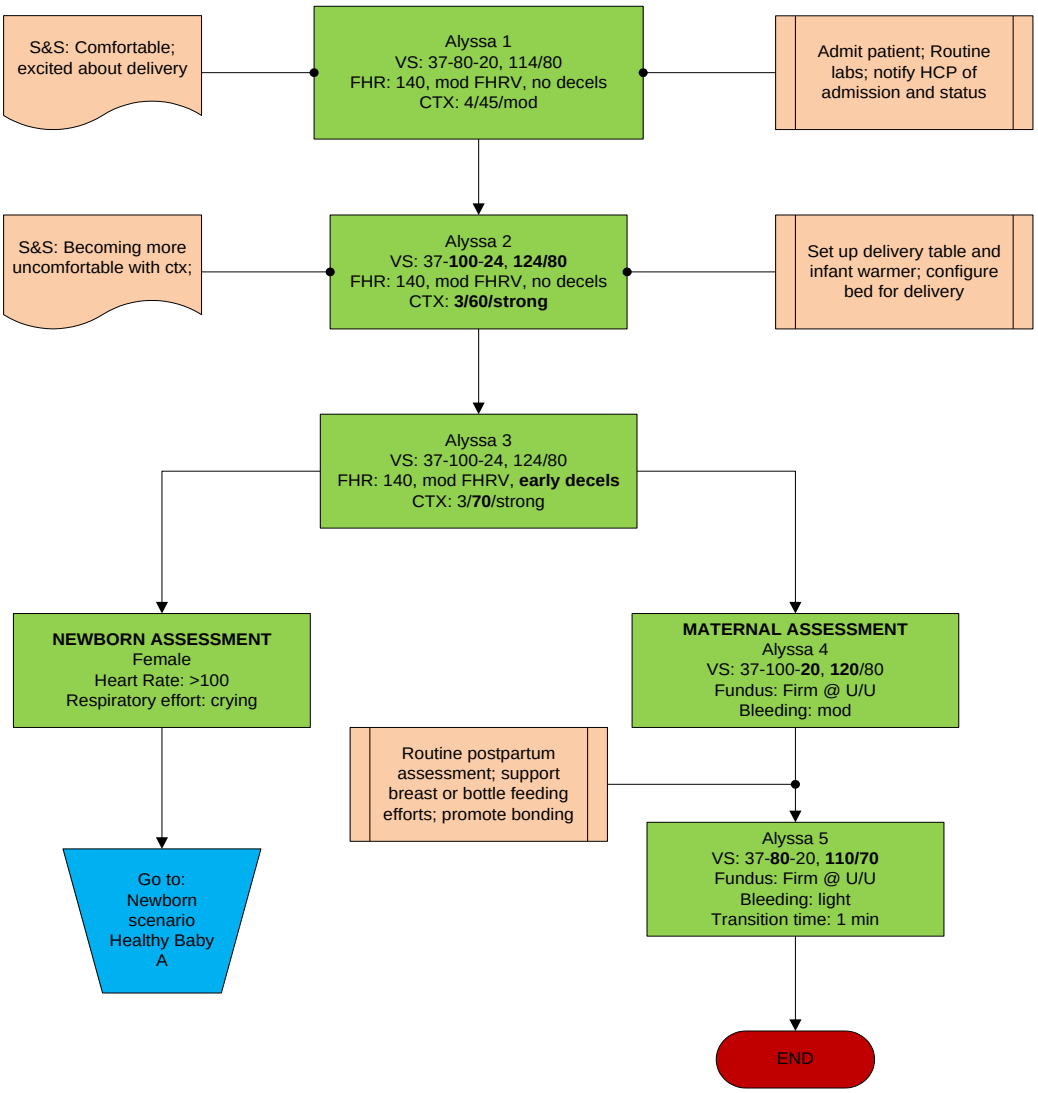


Gaumard® Simulators for Health Care Education	Noelle® - Labor Scenario **Irene** Cesarean Delivery
Irene is a 19 year old gravida 2/0 at 29 weeks. She has had one spontaneous abortion. Labor duration: 45 minutes.	



	Scenario Name	Labor Type
1	Alyssa	Normal Labor
2	Angela	Normal Labor
3	Becca	Variations on Normal
4	Bianca	Variations on Normal
5	Candice	Shoulder Dystocia
6	Charlotte	Shoulder Dystocia
7	Dana	Breech Presentation
8	Demaris	Breech Presentation
9	Eleanor	Preeclampsia
10	Erin	Preeclampsia
11	Faye	Cord Prolapse
12	Frances	Cord Prolapse
13	Gabriella	Uterine Rupture
14	Gail	Uterine Rupture
15	Heidi	Peripartum Hemorrhage - Previa
16	Haley	Peripartum Hemorrhage - Previa
17	India	Peripartum Hemorrhage - Abruption
18	Inez	Peripartum Hemorrhage - Abruption
19	Janie	Peripartum Hemorrhage/PPH
20	June	Peripartum Hemorrhage/PPH
21	Kelly	Amniotic Fluid Embolism
22	Kimberly	Amniotic Fluid Embolism
23	Madonna	Preterm Labor
24	Maria	Preterm Labor

Gaumard® Simulators for Health Care Education	Noelle S574-575® - Labor Scenario **Alyssa** Normal Labor
Alyssa is a 23 yr old primip at term. Her health is generally good and she has experienced no prenatal complications. She wishes to receive no medications and will have the CNM attending her delivery. Labor duration: 30 minutes.	

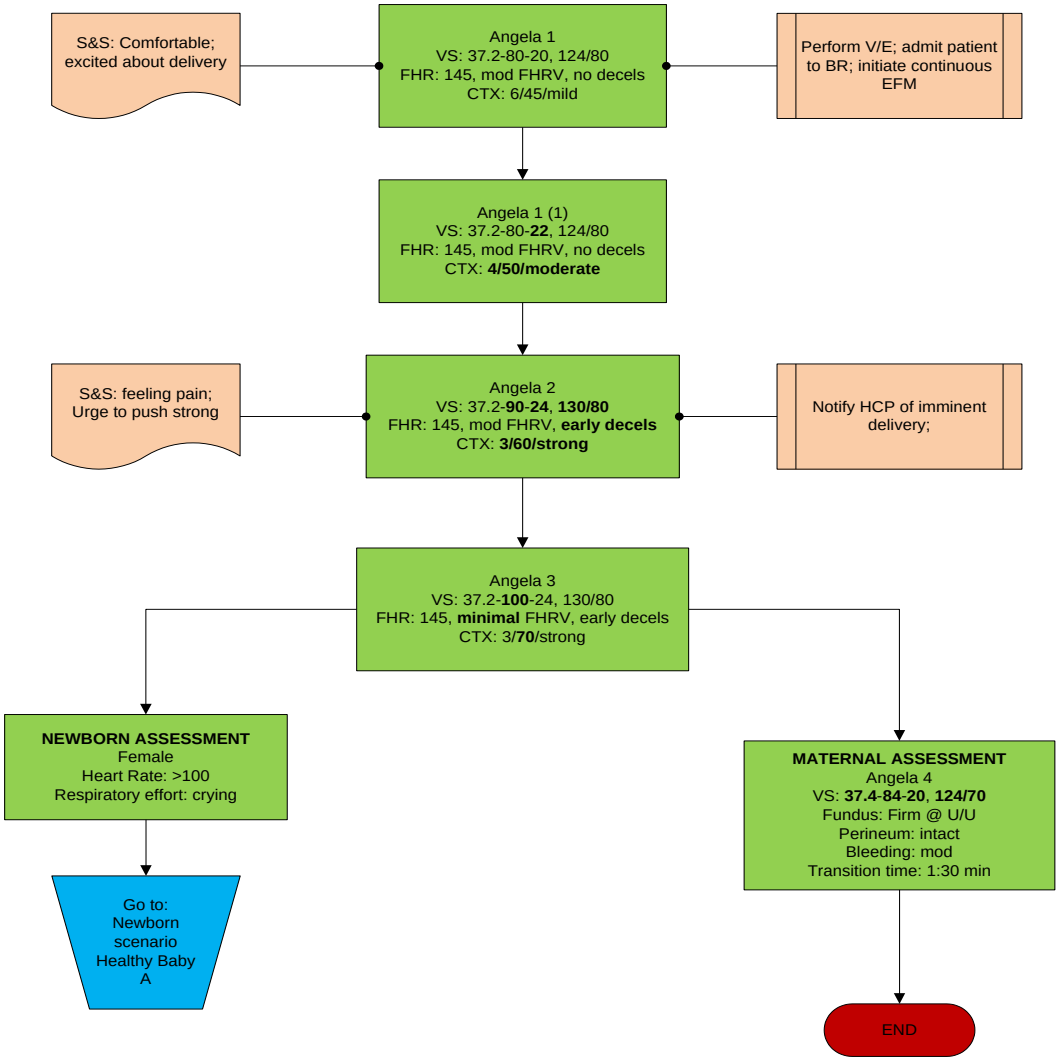


Noelle S574-575® - Labor Scenario

Angela

Normal Labor

Angela is a 31 yr old grand multip @ term. She tells the triage nurse that even though she has had few contractions she came in because she has a history of rapid labors. Her general health is good and she has had no problems during this pregnancy. V/E shows the cervix to be paper thin and Angela is admitted to birthing room. Labor duration: 30 minutes.



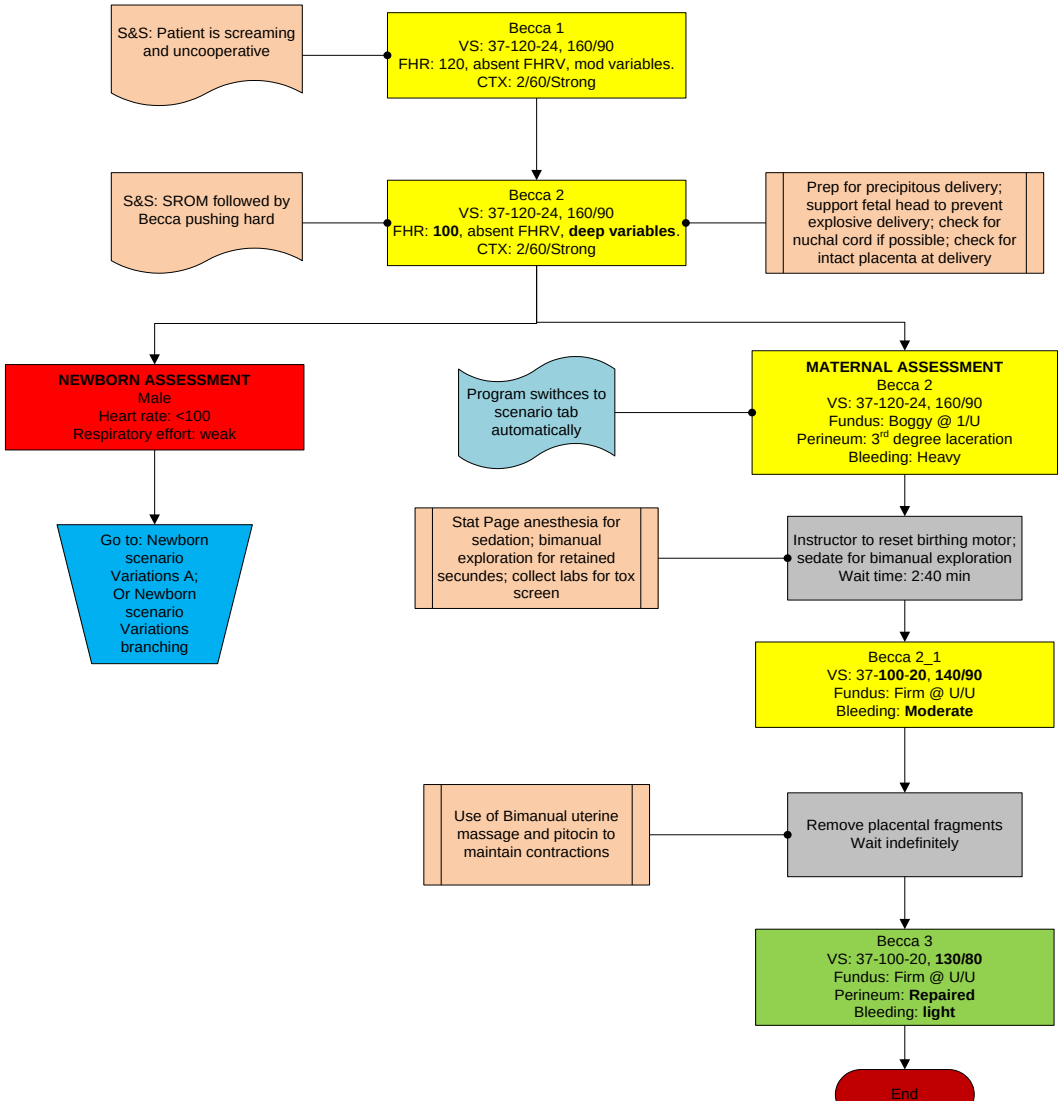
Gaumard®
Simulators for Health Care Education

Noelle S574-575® - Labor Scenario

Becca

Variations on Normal

Becca is a young pregnant teen who is living on the streets. She is a heavy smoker and drug user. She was seen twice in the Adolescent Clinic and referred to Social Services, but she only saw the social worker once and did not go to the follow-up appointment. Labor duration: 18-22 minutes.


S&S: Patient is screaming and uncooperative
Becca 1
VS: 37-120-24, 160/90
FHR: 120, absent FHRV, mod variables.
CTX: 2/60/Strong
S&S: SROM followed by Becca pushing hard
Becca 2
VS: 37-120-24, 160/90
FHR: 100, absent FHRV, deep variables.
CTX: 2/60/Strong
Prep for precipitous delivery; support fetal head to prevent explosive delivery; check for nuchal cord if possible; check for intact placenta at delivery
NEWBORN ASSESSMENT
Male
Heart rate: <100
Respiratory effort: weak
Program swithces to scenario tab automatically
MATERNAL ASSESSMENT
Becca 2
VS: 37-120-24, 160/90
Fundus: Boggy @ 1/U
Perineum: 3rd degree laceration
Bleeding: Heavy
Go to: Newborn scenario Variations A; Or Newborn scenario Variations branching
Stat Page anesthesia for sedation; bimanual exploration for retained secundes; collect labs for tox screen
Instructor to reset birthing motor; sedate for bimanual exploration
Wait time: 2:40 min
Becca 2_1
VS: 37-100-20, 140/90
Fundus: Firm @ U/U
Bleeding: Moderate
Use of Bimanual uterine massage and pitocin to maintain contractions
Remove placental fragments
Wait indefinitely
Becca 3
VS: 37-100-20, 130/80
Fundus: Firm @ U/U
Perineum: Repaired
Bleeding: light
End

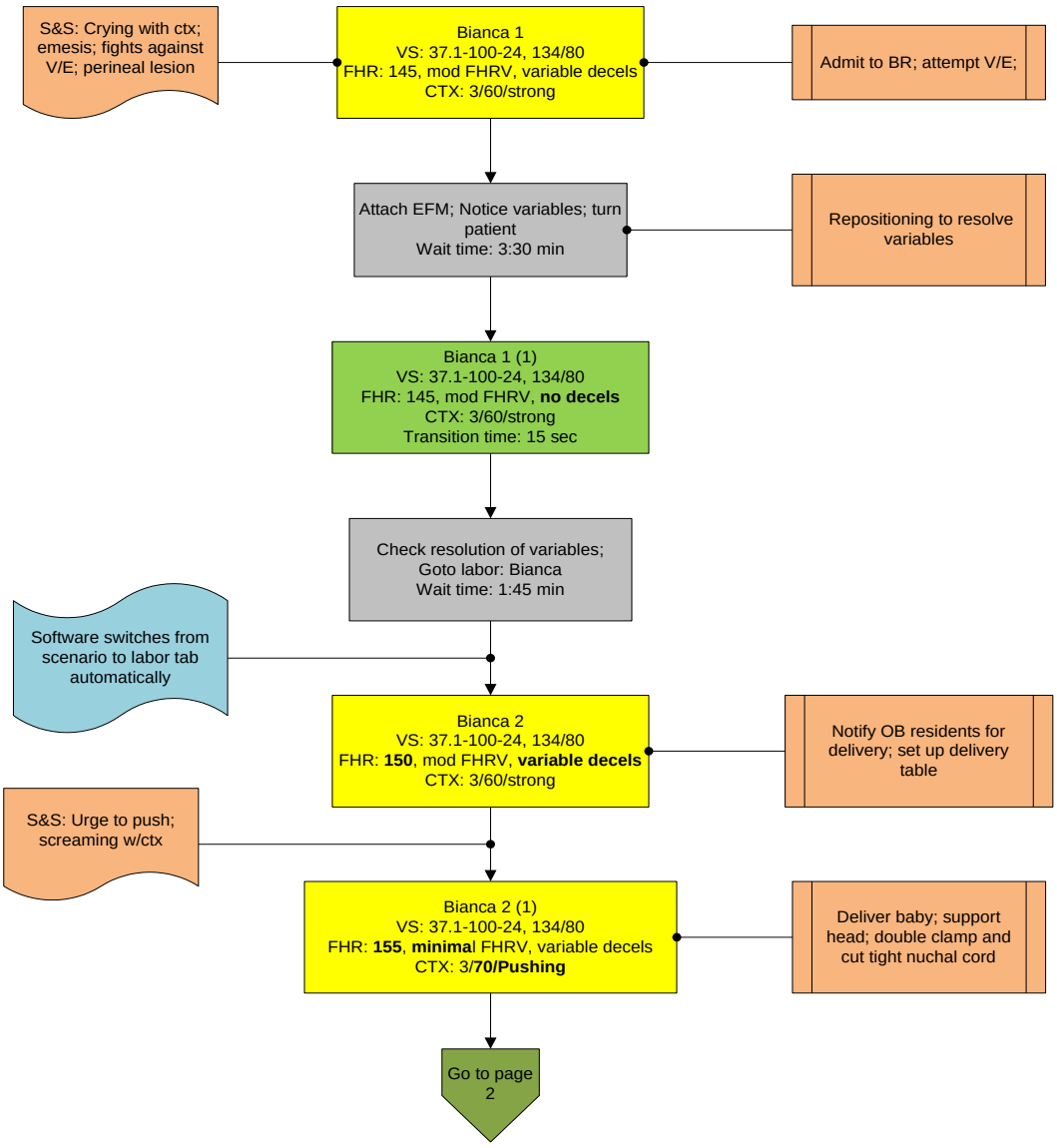
Gaumard®
Simulators for Health Care Education

Noelle S574-575® - Labor Scenario

Bianca

Variations on Normal

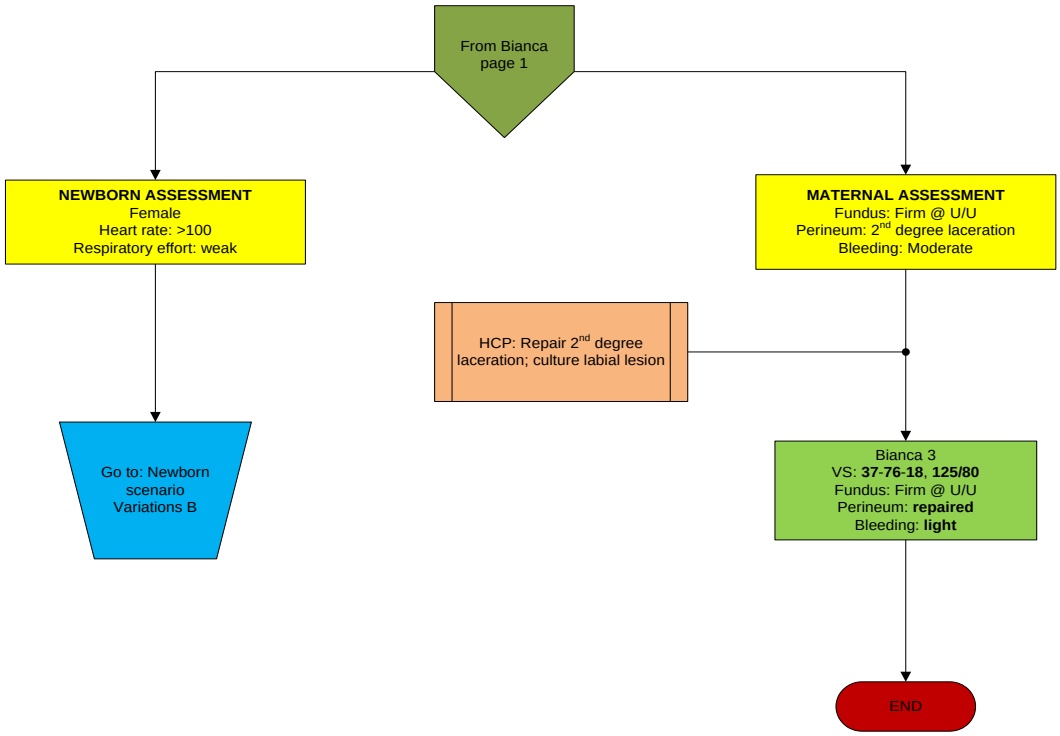
Bianca is a 16 yr old @ 38 weeks who shows up in L&D in active labor. She had a previous elective AB as a result of incest at age 13. She now lives with her boyfriend and his mother who are both with her at the hospital. Her prenatal visits have been irregular due to transportation issues. She is leaking light meconium fluid and she vomits as she is undressing. Labor duration: 25 minutes. Scenario duration: 30 minutes.


S&S: Crying with ctx; emesis; fights against V/E; perineal lesion
Bianca 1
VS: 37.1-100-24, 134/80
FHR: 145, mod FHRV, variable decels
CTX: 3/60/strong
Admit to BR; attempt V/E;
Attach EFM; Notice variables; turn patient
Wait time: 3:30 min
Repositioning to resolve variables
Bianca 1 (1)
VS: 37.1-100-24, 134/80
FHR: 145, mod FHRV, no decels
CTX: 3/60/strong
Transition time: 15 sec
Check resolution of variables;
Goto labor: Bianca
Wait time: 1:45 min
Software switches from scenario to labor tab automatically
Bianca 2
VS: 37.1-100-24, 134/80
FHR: 150, mod FHRV, variable decels
CTX: 3/60/strong
Notify OB residents for delivery; set up delivery table
S&S: Urge to push; screaming w/ctx
Bianca 2 (1)
VS: 37.1-100-24, 134/80
FHR: 155, minimal FHRV, variable decels
CTX: 3/70/Pushing
Deliver baby; support head; double clamp and cut tight nuchal cord
Go to page 2

Noelle S574-575® - Labor Scenario

Bianca

Variations on Normal



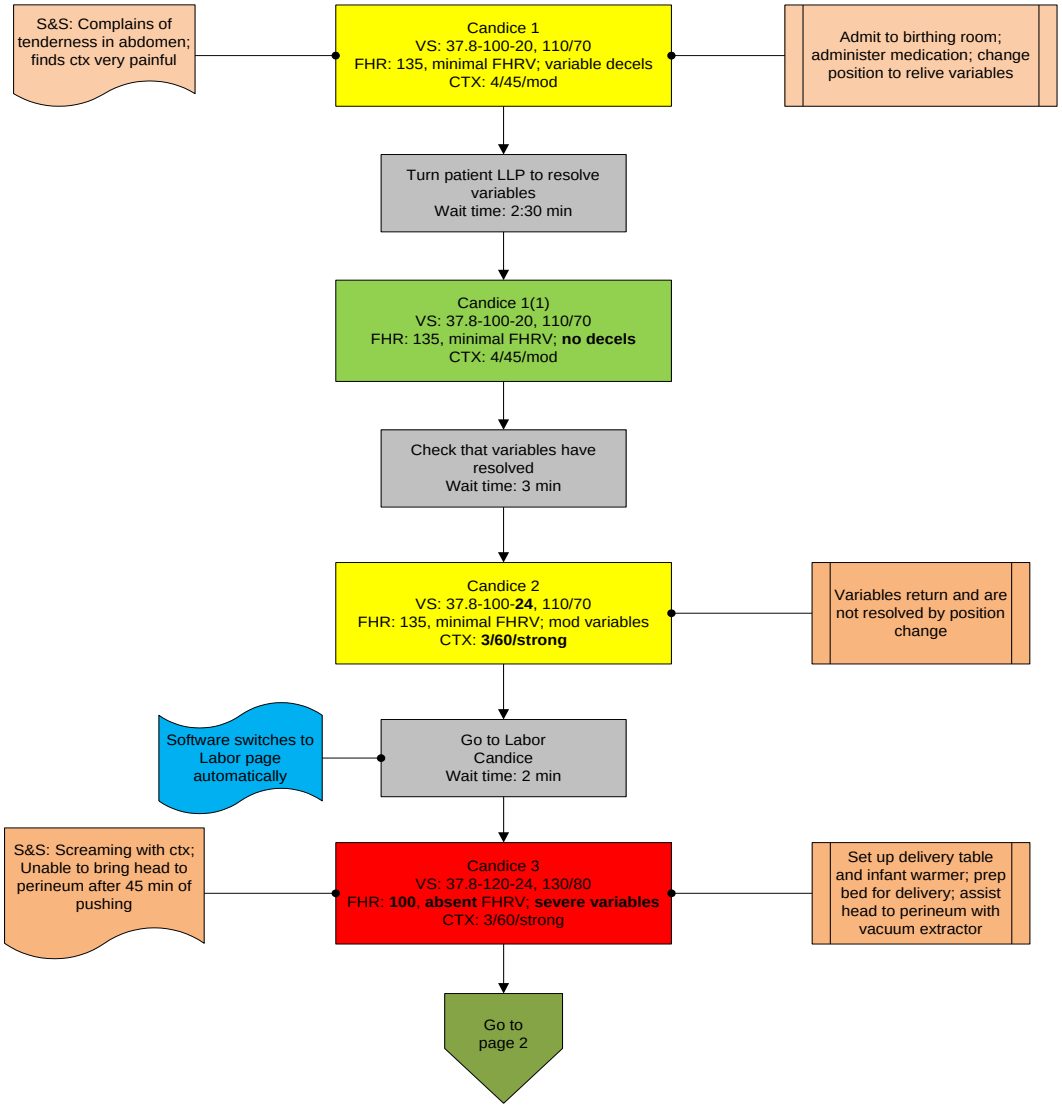
Gaumard®
Simulators for Health Care Education

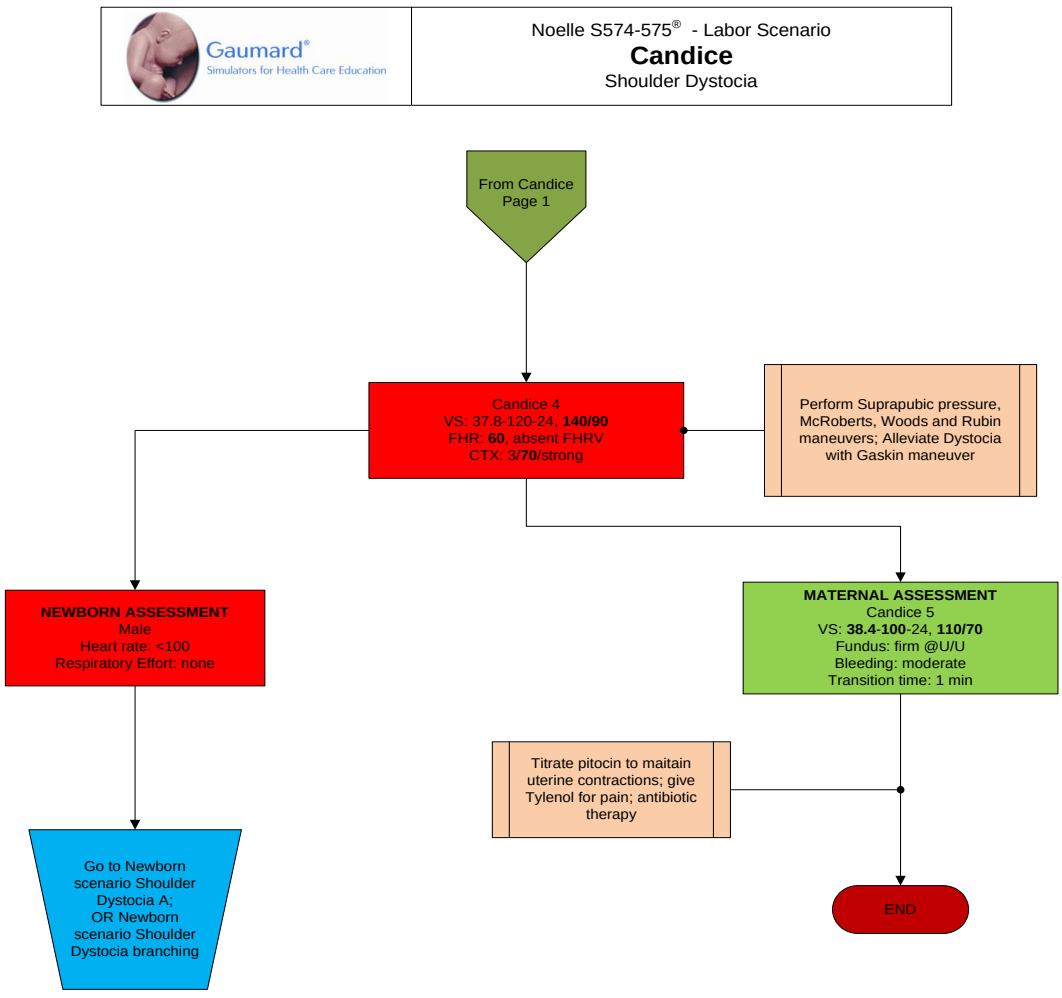
Noelle S574-575® - Labor Scenario

Candice

Shoulder Dystocia

Candice is a 19 r old multip. She, her boyfriend and their 3 yr daughter are homeless living in a car. She has not seen a doctor and believes that she is about 8 months pregnant. Her water broke yesterday and she is leaking moderately thick meconium fluid. An ultrasound is performed to determine position and gestational age. Labor duration: 15 minutes. Full scenario duration: 23-25 minutes.


S&S: Complains of tenderness in abdomen; finds ctx very painful
Candice 1
VS: 37.8-100-20, 110/70
FHR: 135, minimal FHRV; variable decels
CTX: 4/45/mod
Admit to birthing room; administer medication; change position to relive variables
Turn patient LLP to resolve variables
Wait time: 2:30 min
Candice 1(1)
VS: 37.8-100-20, 110/70
FHR: 135, minimal FHRV; no decels
CTX: 4/45/mod
Check that variables have resolved
Wait time: 3 min
Candice 2
VS: 37.8-100-24, 110/70
FHR: 135, minimal FHRV; mod variables
CTX: 3/60/strong
Variables return and are not resolved by position change
Software switches to Labor page automatically
Go to Labor Candice
Wait time: 2 min
S&S: Screaming with ctx; Unable to bring head to perineum after 45 min of pushing
Candice 3
VS: 37.8-120-24, 130/80
FHR: 100, absent FHRV; severe variables
CTX: 3/60/strong
Set up delivery table and infant warmer; prep bed for delivery; assist head to perineum with vacuum extractor
Go to page 2


Gaumard®
Simulators for Health Care Education
Noelle S574-575® - Labor Scenario
Candice
Shoulder Dystocia
From Candice Page 1
Candice 4
VS: 37.8-120-24, 140/90
FHR: 60, absent FHRV
CTX: 3/70/strong
Perform Suprapubic pressure, McRoberts, Woods and Rubin maneuvers; Alleviate Dystocia with Gaskin maneuver
NEWBORN ASSESSMENT
Male
Heart rate: <100
Respiratory Effort: none
MATERNAL ASSESSMENT
Candice 5
VS: 38.4-100-24, 110/70
Fundus: firm @U/U
Bleeding: moderate
Transition time: 1 min
Titrate pitocin to maitain uterine contractions; give Tylenol for pain; antibiotic therapy
Go to Newborn scenario Shoulder Dystocia A; OR Newborn scenario Shoulder Dystocia branching
END

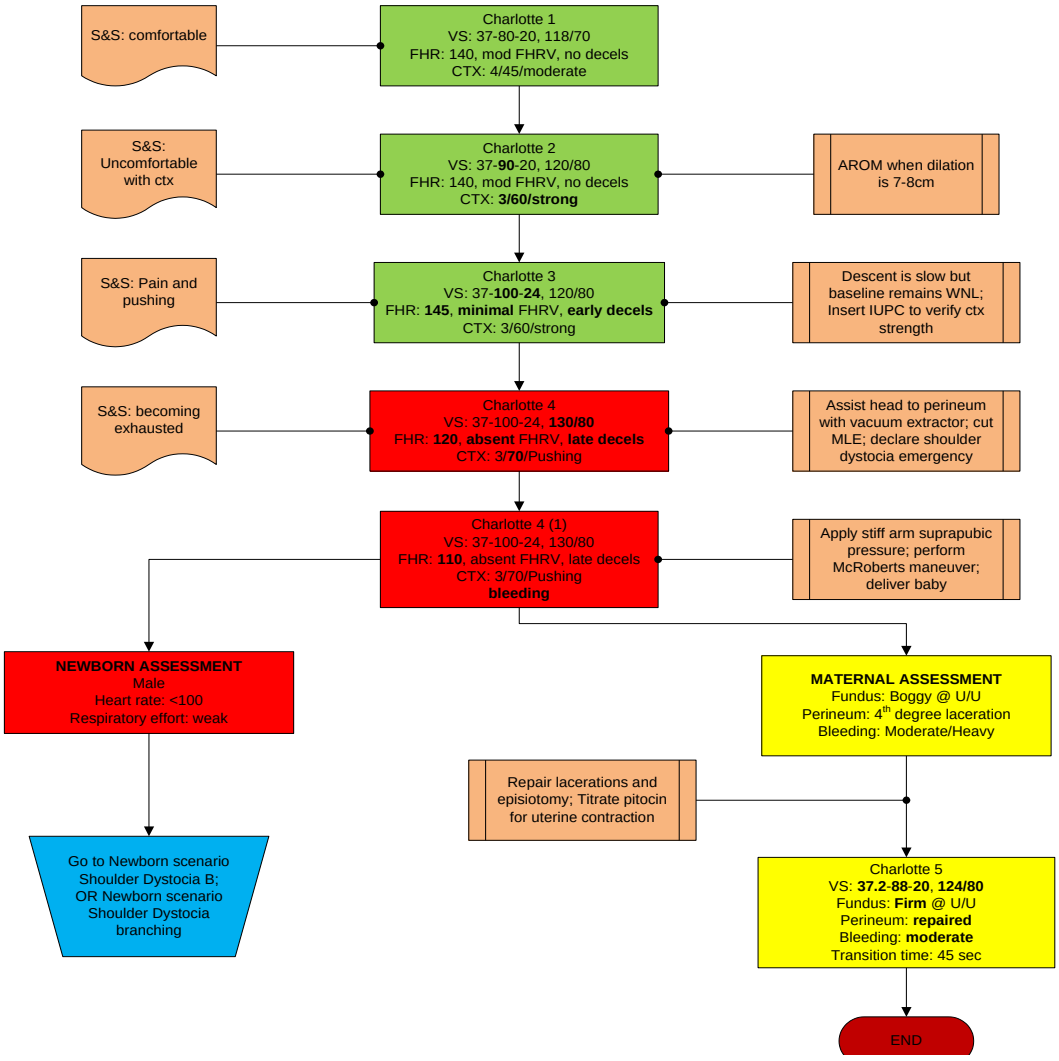
Gaumard®
Simulators for Health Care Education

Noelle S574-575® - Labor Scenario

Charlotte

Shoulder Dystocia

Charlotte is a 31 yr old gravida 3/1 @ 41+ 5/7 weeks. Her physician stripped her membranes yesterday and she began contracting during the night. She is admitted in active labor. Labor duration: 40 minutes.

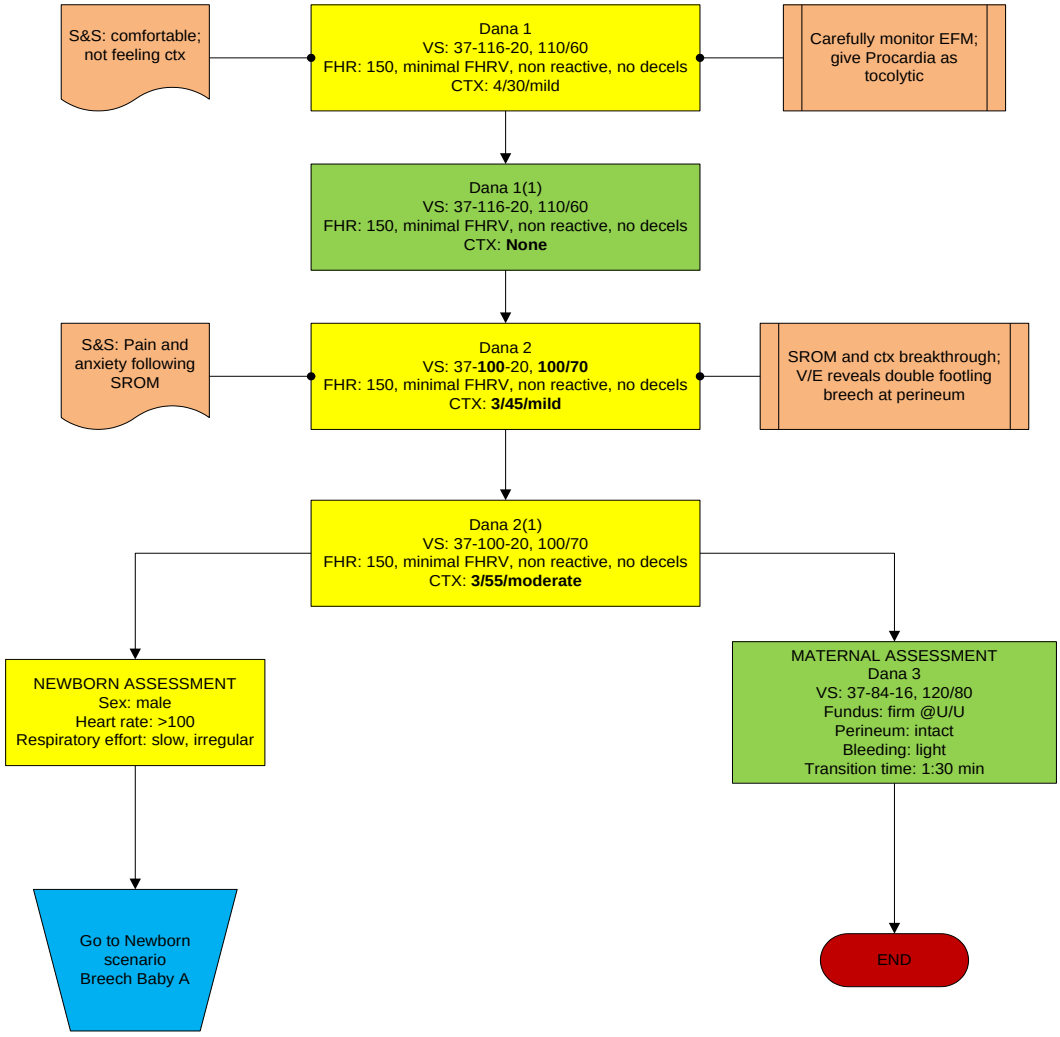

S&S: comfortable
Charlotte 1
VS: 37-80-20, 118/70
FHR: 140, mod FHRV, no decels
CTX: 4/45/moderate
S&S: Uncomfortable with ctx
Charlotte 2
VS: 37-90-20, 120/80
FHR: 140, mod FHRV, no decels
CTX: 3/60/strong
AROM when dilation is 7-8cm
S&S: Pain and pushing
Charlotte 3
VS: 37-100-24, 120/80
FHR: 145, minimal FHRV, early decels
CTX: 3/60/strong
Descent is slow but baseline remains WNL; Insert IUPC to verify ctx strength
S&S: becoming exhausted
Charlotte 4
VS: 37-100-24, 130/80
FHR: 120, absent FHRV, late decels
CTX: 3/70/Pushing
Assist head to perineum with vacuum extractor; cut MLE; declare shoulder dystocia emergency
Charlotte 4 (1)
VS: 37-100-24, 130/80
FHR: 110, absent FHRV, late decels
CTX: 3/70/Pushing
bleeding
Apply stiff arm suprapubic pressure; perform McRoberts maneuver; deliver baby
NEWBORN ASSESSMENT
Male
Heart rate: <100
Respiratory effort: weak
MATERNAL ASSESSMENT
Fundus: Boggy @ U/U
Perineum: 4th degree laceration
Bleeding: Moderate/Heavy
Repair lacerations and episiotomy; Titrate pitocin for uterine contraction
Go to Newborn scenario Shoulder Dystocia B; OR Newborn scenario Shoulder Dystocia branching
Charlotte 5
VS: 37.2-88-20, 124/80
Fundus: Firm @ U/U
Perineum: repaired
Bleeding: moderate
Transition time: 45 sec
END

Noelle S574-575® - Labor Scenario

Dana

Breech Presentation

Dana is a 24 yr old multip @ 29 weeks who was admitted because she began contracting. Upon V/E physician discovers that she is 4-5cm with bulging membranes. She was given Terbutaline subQ and then transported to the regional medical center. Labor duration: 45 minutes.

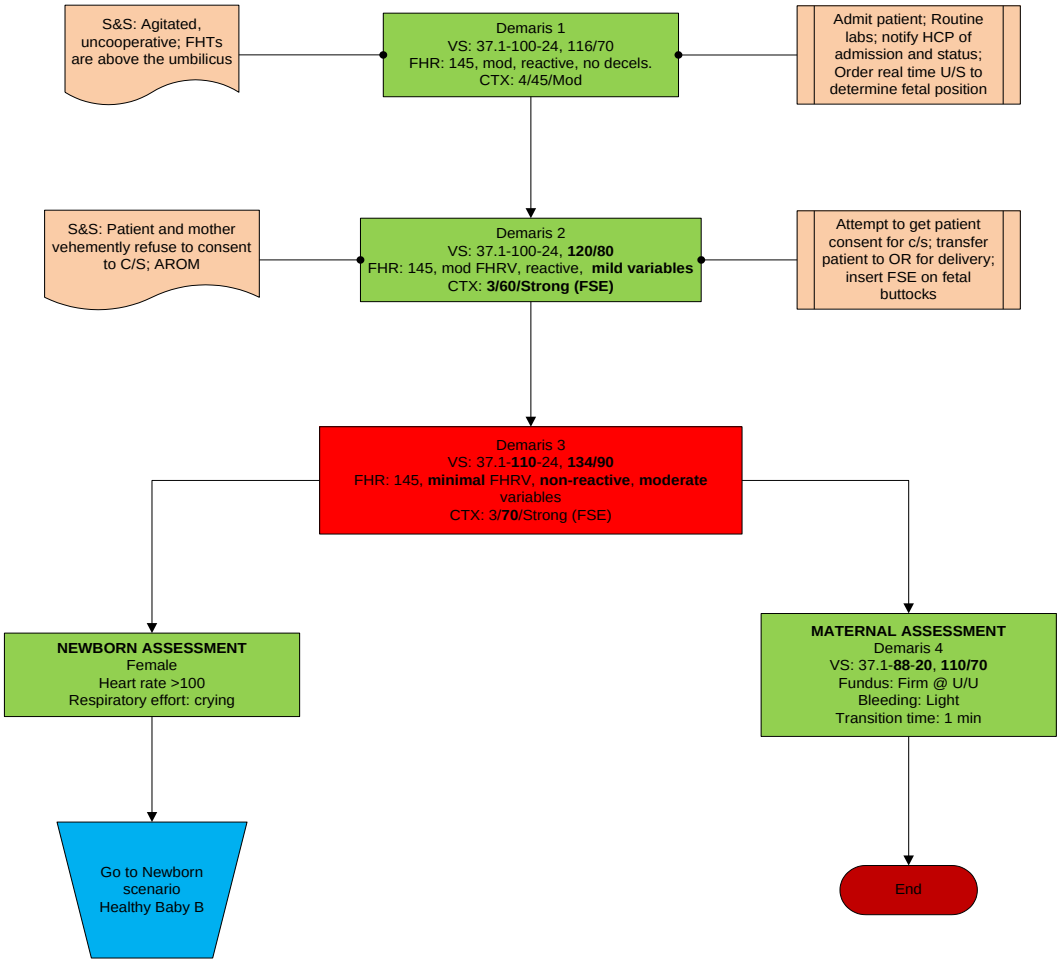


Noelle S574-575® - Labor Scenario

Demaris

Breech Presentation

Demaris is a young Hispanic teen who has received prenatal care in the Adolescent OB clinic. She kept the pregnancy a secret as long as was possible and did not attend any childbirth classes. Her plan is to return to high school while her mother cares for the baby. The baby's father will not accept any responsibility and does not wish to be involved. Labor duration: 30 minutes.

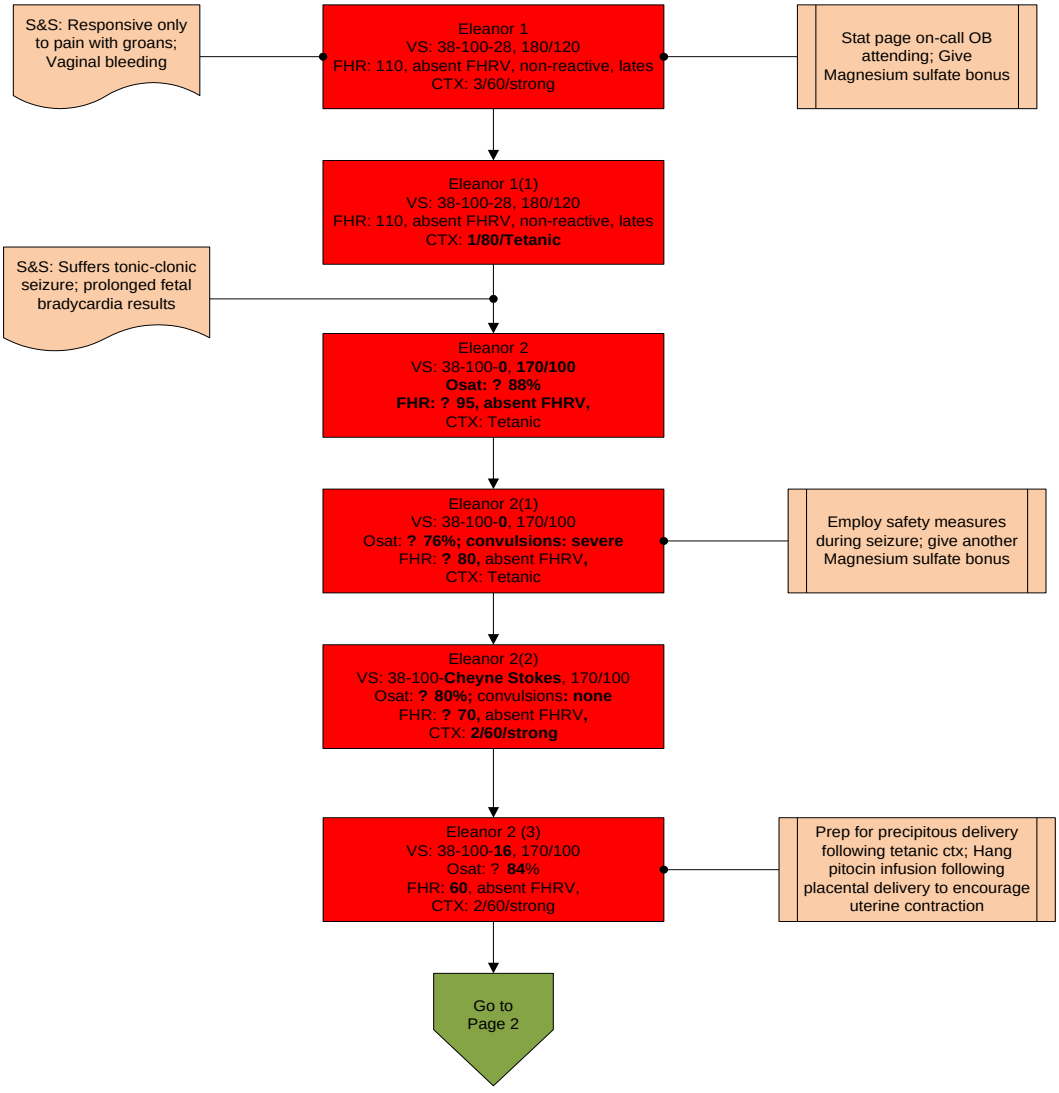

S&S: Agitated, uncooperative; FHTs are above the umbilicus
Demaris 1
VS: 37.1-100-24, 116/70
FHR: 145, mod, reactive, no decels.
CTX: 4/45/Mod
Admit patient; Routine labs; notify HCP of admission and status; Order real time U/S to determine fetal position
S&S: Patient and mother vehemently refuse to consent to C/S; AROM
Demaris 2
VS: 37.1-100-24, 120/80
FHR: 145, mod FHRV, reactive, mild variables
CTX: 3/60/Strong (FSE)
Attempt to get patient consent for c/s; transfer patient to OR for delivery; insert FSE on fetal buttocks
Demaris 3
VS: 37.1-110-24, 134/90
FHR: 145, minimal FHRV, non-reactive, moderate variables
CTX: 3/70/Strong (FSE)
NEWBORN ASSESSMENT
Female
Heart rate >100
Respiratory effort: crying
MATERNAL ASSESSMENT
Demaris 4
VS: 37.1-88-20, 110/70
Fundus: Firm @ U/U
Bleeding: Light
Transition time: 1 min
Go to Newborn scenario Healthy Baby B
End

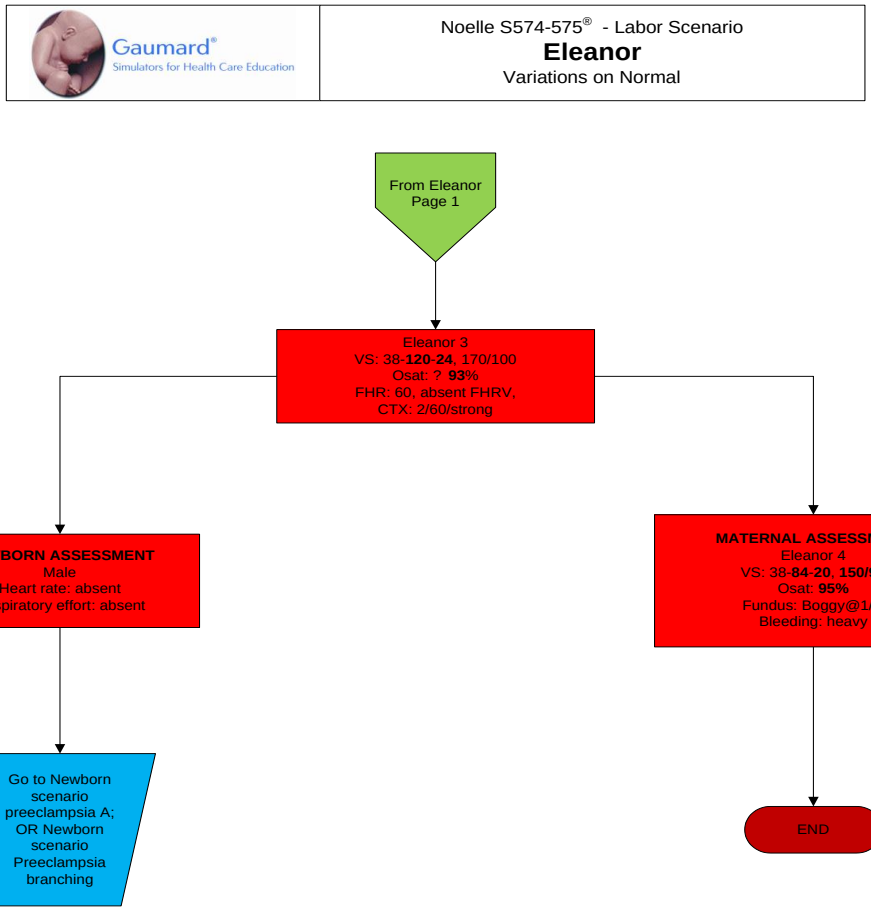
Noelle S574-575® - Labor Scenario

Eleanor

Variations on Normal

Elenor is a 19 yr old post-ictal patient being transferred to the ER by EMS. She was found convulsing in the bathroom. According to relatives she is 8½ months pregnant with her first baby. She has been on an IV during transport and her BP is 180/120. Labor duration: 20 minutes.


S&S: Responsive only to pain with groans; Vaginal bleeding
Eleanor 1
VS: 38-100-28, 180/120
FHR: 110, absent FHRV, non-reactive, lates
CTX: 3/60/strong
Stat page on-call OB attending; Give Magnesium sulfate bonus
Eleanor 1(1)
VS: 38-100-28, 180/120
FHR: 110, absent FHRV, non-reactive, lates
CTX: 1/80/Tetanic
S&S: Suffers tonic-clonic seizure; prolonged fetal bradycardia results
Eleanor 2
VS: 38-100-0, 170/100
Osat: ? 88%
FHR: ? 95, absent FHRV,
CTX: Tetanic
Eleanor 2(1)
VS: 38-100-0, 170/100
Osat: ? 76%; convulsions: severe
FHR: ? 80, absent FHRV,
CTX: Tetanic
Employ safety measures during seizure; give another Magnesium sulfate bonus
Eleanor 2(2)
VS: 38-100-Cheyne Stokes, 170/100
Osat: ? 80%; convulsions: none
FHR: ? 70, absent FHRV,
CTX: 2/60/strong
Eleanor 2 (3)
VS: 38-100-16, 170/100
Osat: ? 84%
FHR: 60, absent FHRV,
CTX: 2/60/strong
Prep for precipitous delivery following tetanic ctx; Hang pitocin infusion following placental delivery to encourage uterine contraction
Go to Page 2


Gaumard®
Simulators for Health Care Education
Noelle S574-575® - Labor Scenario
Eleanor
Variations on Normal
From Eleanor Page 1
Eleanor 3
VS: 38-120-24, 170/100
Osat: ? 93%
FHR: 60, absent FHRV,
CTX: 2/60/strong
NEWBORN ASSESSMENT
Male
Heart rate: absent
Respiratory effort: absent
MATERNAL ASSESSMENT
Eleanor 4
VS: 38-84-20, 150/90
Osat: 95%
Fundus: Boggy@1/U
Bleeding: heavy
Go to Newborn scenario preeclampsia A; OR Newborn scenario Preeclampsia branching
END

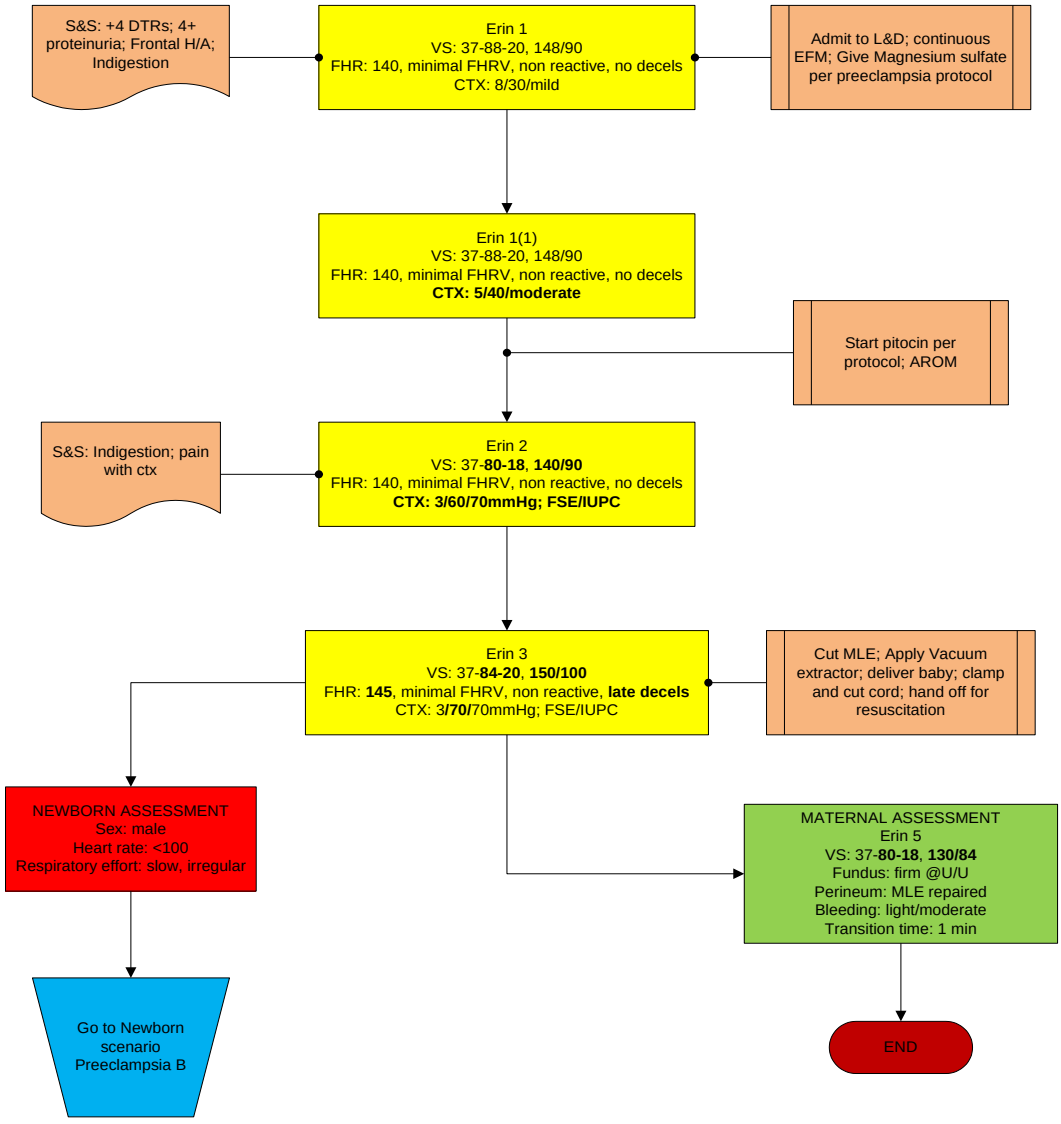
Gaumard®
Simulators for Health Care Education

Noelle S574- 575® - Labor Scenario

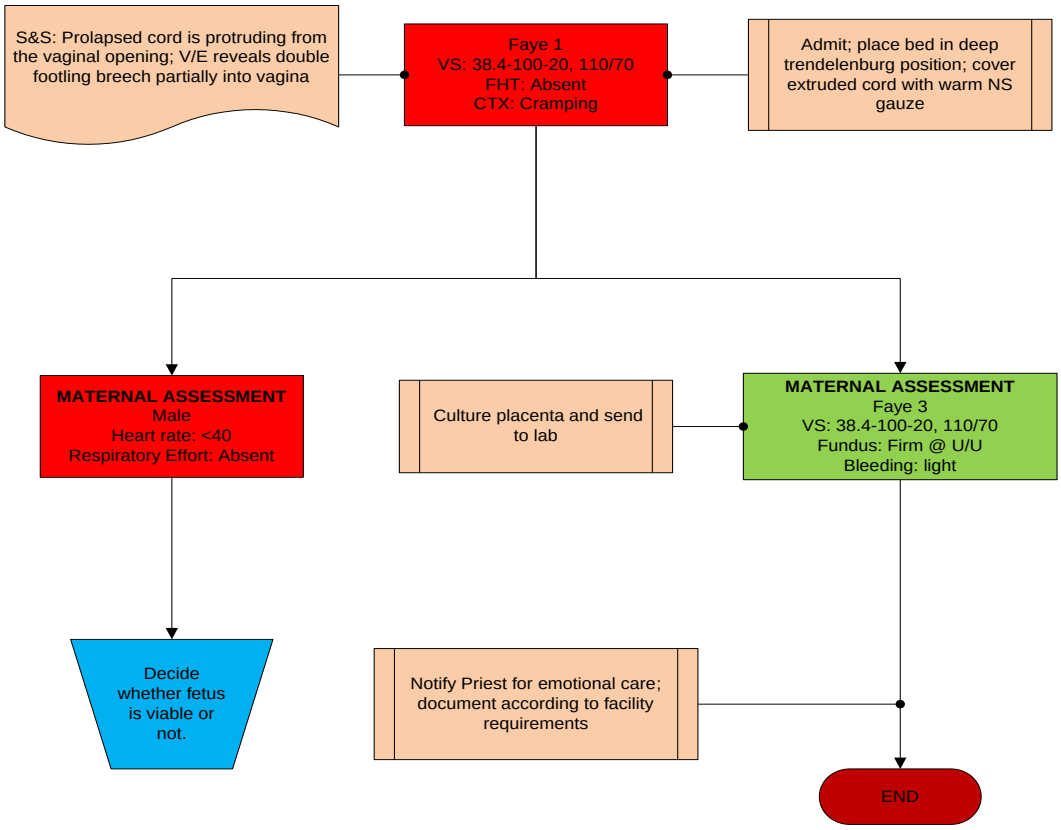
Erin

Preeclampsia

Erin is a 28 yr old @ 38 weeks admitted by her physician for preeclampsia. She is stared on Magnesium sulfate per protocol, induced with pitocin and her membranes are ruptured. Light meconium staining is noted following AROM. Labor duration: 60 minuntes.


S&S: +4 DTRs; 4+ proteinuria; Frontal H/A; Indigestion
Erin 1
VS: 37-88-20, 148/90
FHR: 140, minimal FHRV, non reactive, no decels
CTX: 8/30/mild
Admit to L&D; continuous EFM; Give Magnesium sulfate per preeclampsia protocol
Erin 1(1)
VS: 37-88-20, 148/90
FHR: 140, minimal FHRV, non reactive, no decels
CTX: 5/40/moderate
Start pitocin per protocol; AROM
S&S: Indigestion; pain with ctx
Erin 2
VS: 37-80-18, 140/90
FHR: 140, minimal FHRV, non reactive, no decels
CTX: 3/60/70mmHg; FSE/IUPC
Erin 3
VS: 37-84-20, 150/100
FHR: 145, minimal FHRV, non reactive, late decels
CTX: 3/70/70mmHg; FSE/IUPC
Cut MLE; Apply Vacuum extractor; deliver baby; clamp and cut cord; hand off for resuscitation
NEWBORN ASSESSMENT
Sex: male
Heart rate: <100
Respiratory effort: slow, irregular
MATERNAL ASSESSMENT
Erin 5
VS: 37-80-18, 130/84
Fundus: firm @U/U
Perineum: MLE repaired
Bleeding: light/moderate
Transition time: 1 min
Go to Newborn scenario Preeclampsia B
END

Gaumard® Simulators for Health Care Education	Noelle S574-575® - Labor Scenario **Faye** Cord Prolapse
Faye is a 34 yr old gravida 1 @ 25 weeks' gestation. She began cramping about 3 hours ago and decided to drive herself to the hospital. She began leaking clear fluid on the way. An admitting clerk helps her into a wheel chair and takes her to L&D. Labor duration: 20 minutes.	

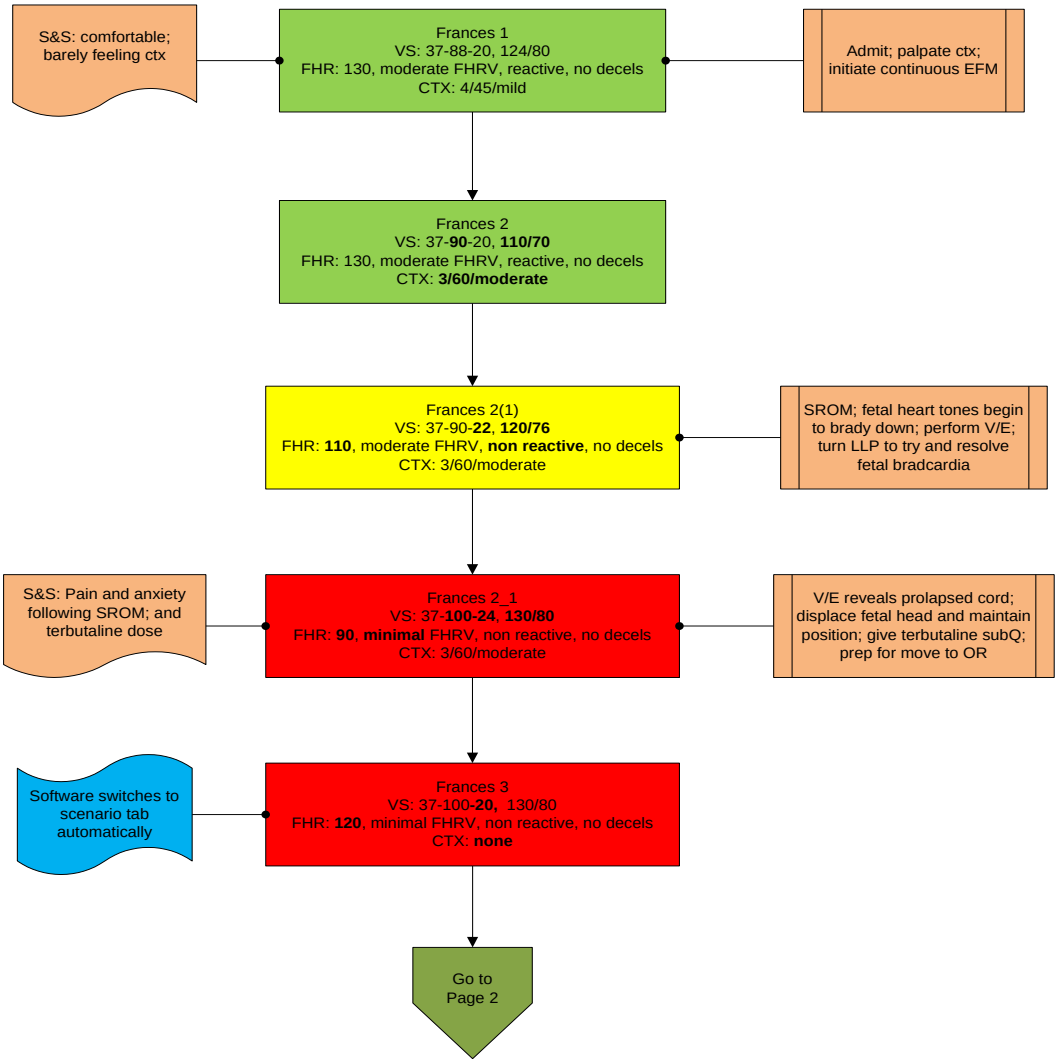

S&S: Prolapsed cord is protruding from the vaginal opening; V/E reveals double footling breech partially into vagina
Faye 1
VS: 38.4-100-20, 110/70
FHT: Absent
CTX: Cramping
Admit; place bed in deep trendelenburg position; cover extruded cord with warm NS gauze
MATERNAL ASSESSMENT
Male
Heart rate: <40
Respiratory Effort: Absent
Culture placenta and send to lab
MATERNAL ASSESSMENT
Faye 3
VS: 38.4-100-20, 110/70
Fundus: Firm @ U/U
Bleeding: light
Decide whether fetus is viable or not.
Notify Priest for emotional care; document according to facility requirements
END

Noelle S574-575® - Labor Scenario

Frances

Prolapsed Cord

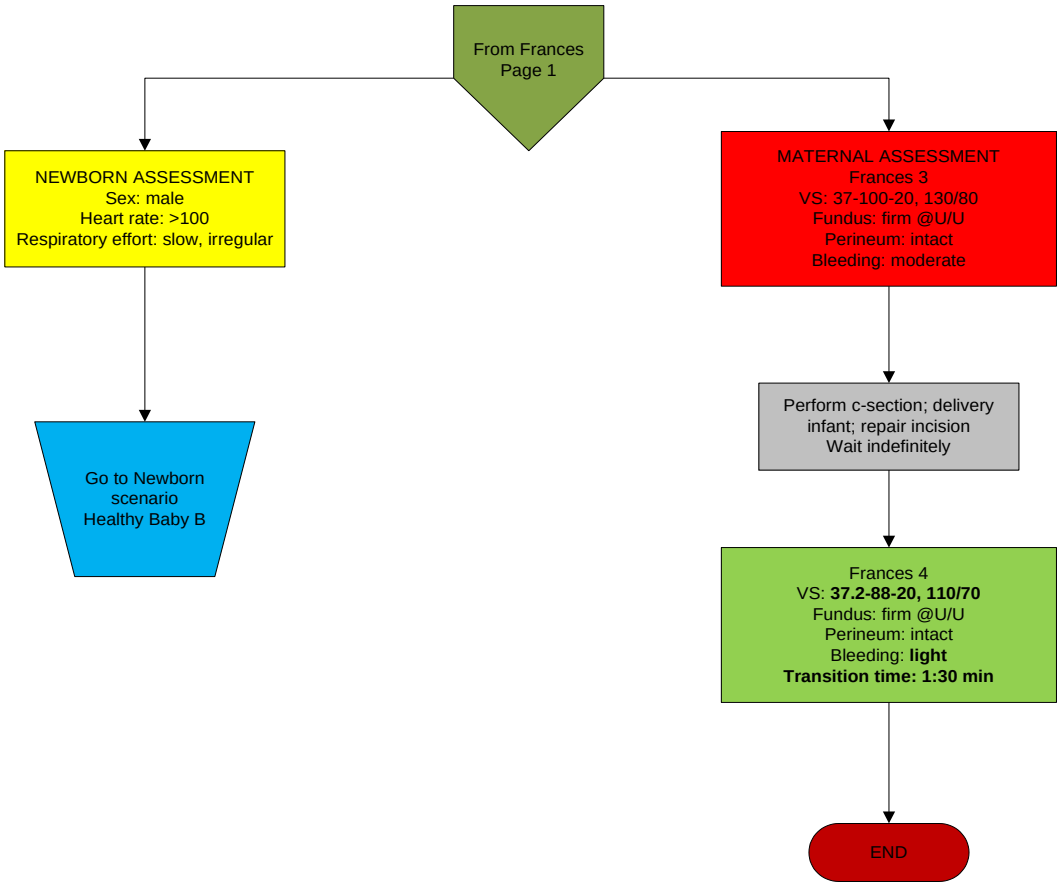
Frances is admitted into a small town hospital due to regular contractions @ 4 minutes apart and bloody show. She labors without problems for about 4 hours and then the fetus starts to brady down after SROM. A V/E reveals a prolapsed coed in the vagina. Labor duration: 20 minutes. Scenario duration: 22-27 minutes.


S&S: comfortable; barely feeling ctx
Frances 1
VS: 37-88-20, 124/80
FHR: 130, moderate FHRV, reactive, no decels
CTX: 4/45/mild
Admit; palpate ctx; initiate continuous EFM
Frances 2
VS: 37-**90**-20, **110/70**
FHR: 130, moderate FHRV, reactive, no decels
CTX: **3/60/moderate**
Frances 2(1)
VS: 37-90-**22**, **120/76**
FHR: **110**, moderate FHRV, **non reactive**, no decels
CTX: 3/60/moderate
SROM; fetal heart tones begin to brady down; perform V/E; turn LLP to try and resolve fetal bradcardia
S&S: Pain and anxiety following SROM; and terbutaline dose
Frances 2_1
VS: 37-**100-24**, **130/80**
FHR: **90**, **minimal** FHRV, non reactive, no decels
CTX: 3/60/moderate
V/E reveals prolapsed cord; displace fetal head and maintain position; give terbutaline subQ; prep for move to OR
Software switches to scenario tab automatically
Frances 3
VS: 37-100-**20,** 130/80
FHR: **120**, minimal FHRV, non reactive, no decels
CTX: **none**
Go to Page 2

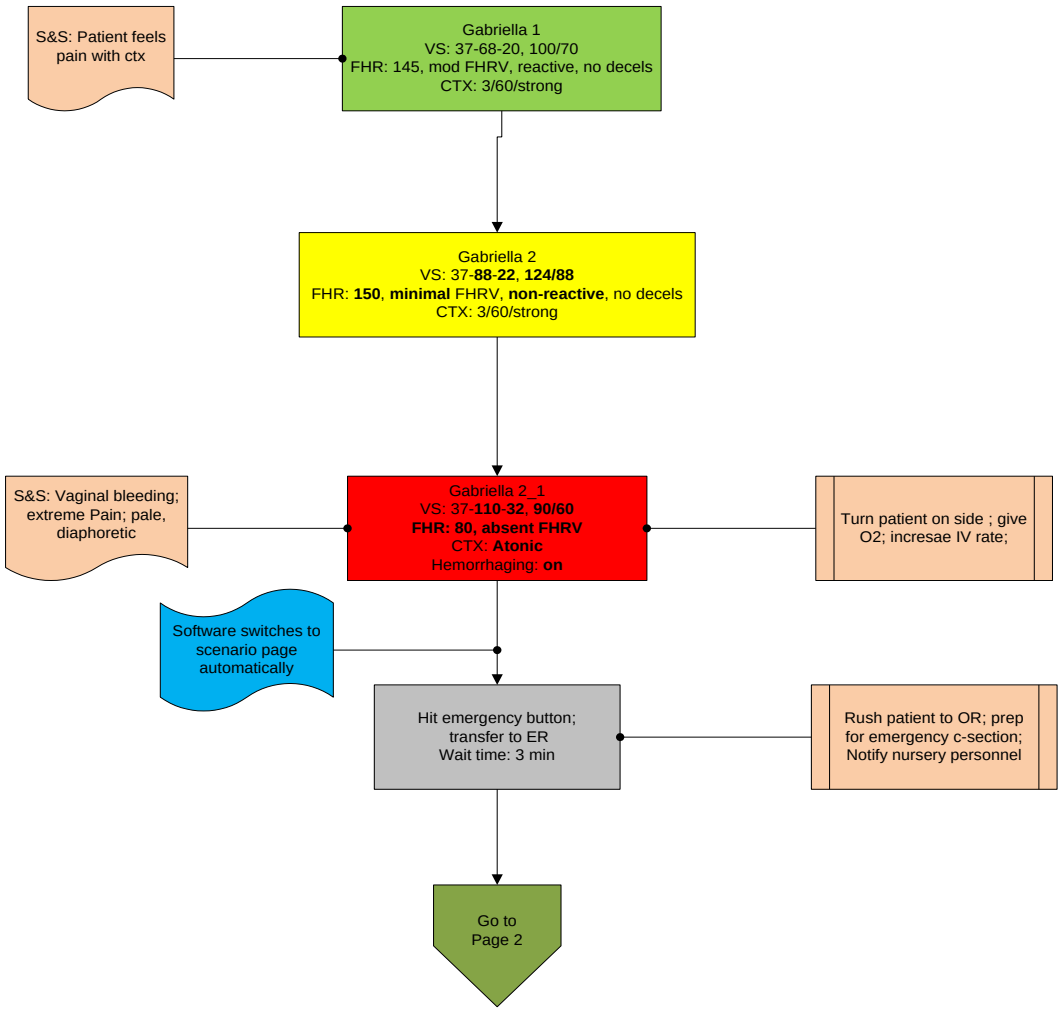
Noelle S574-575® - Labor Scenario

Frances

Prolapsed Cord



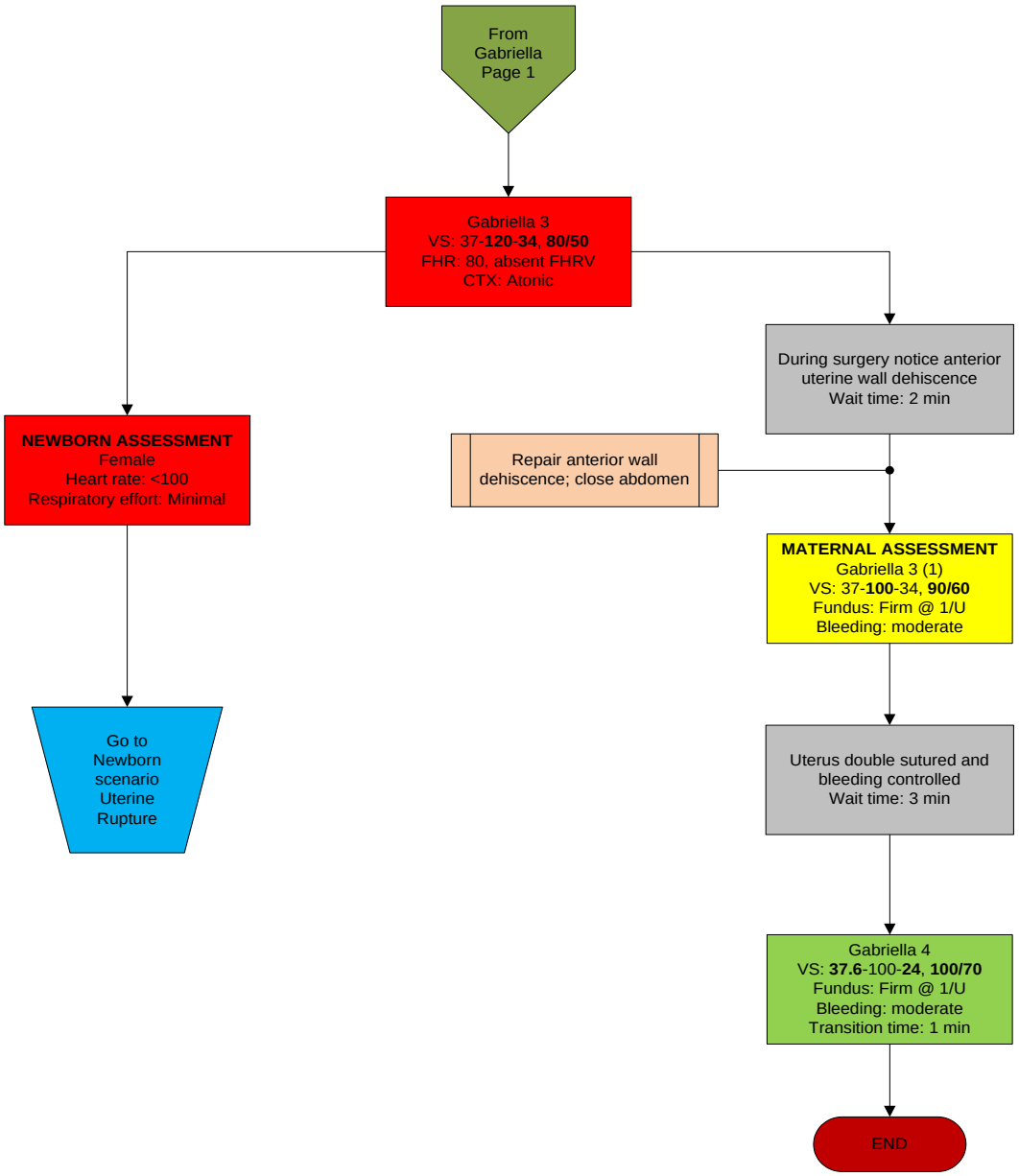
Gaumard® Simulators for Health Care Education	Noelle S574-575® - Labor Scenario **Gabriella** Uterine Rupture
Gabriella is a young Hispanic woman who presents at a small hospital just across the Mexican border. She appears to be in late pregnancy and in active labor. As the nurse helps her to bed she notices a midline abdominal scar. Gabriella has had one prvious child in Mexico, but shares no more information. Labor duration: 15 minutes. Scenario duration: 25 minutes.	


S&S: Patient feels pain with ctx
Gabriella 1
VS: 37-68-20, 100/70
FHR: 145, mod FHRV, reactive, no decels
CTX: 3/60/strong
Gabriella 2
VS: 37-**88**-**22**, **124/88**
FHR: **150**, **minimal** FHRV, **non-reactive**, no decels
CTX: 3/60/strong
S&S: Vaginal bleeding; extreme Pain; pale, diaphoretic
Gabriella 2_1
VS: 37-**110**-**32**, **90/60**
FHR: 80, absent FHRV
CTX: **Atonic**
Hemorrhaging: **on**
Turn patient on side ; give O2; incresae IV rate;
Software switches to scenario page automatically
Hit emergency button; transfer to ER
Wait time: 3 min
Rush patient to OR; prep for emergency c-section; Notify nursery personnel
Go to Page 2

Noelle S574-575® - Labor Scenario

Gabriella

Uterine Rupture

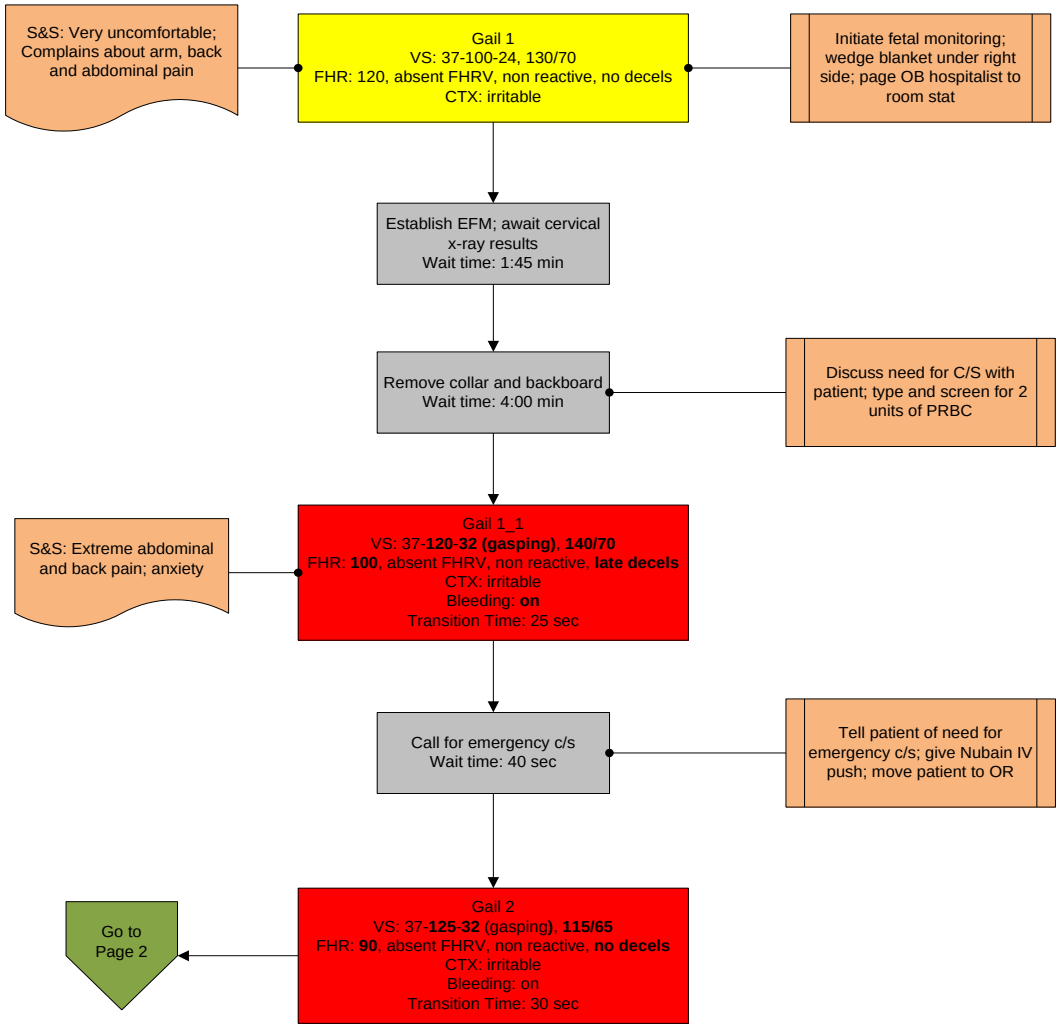


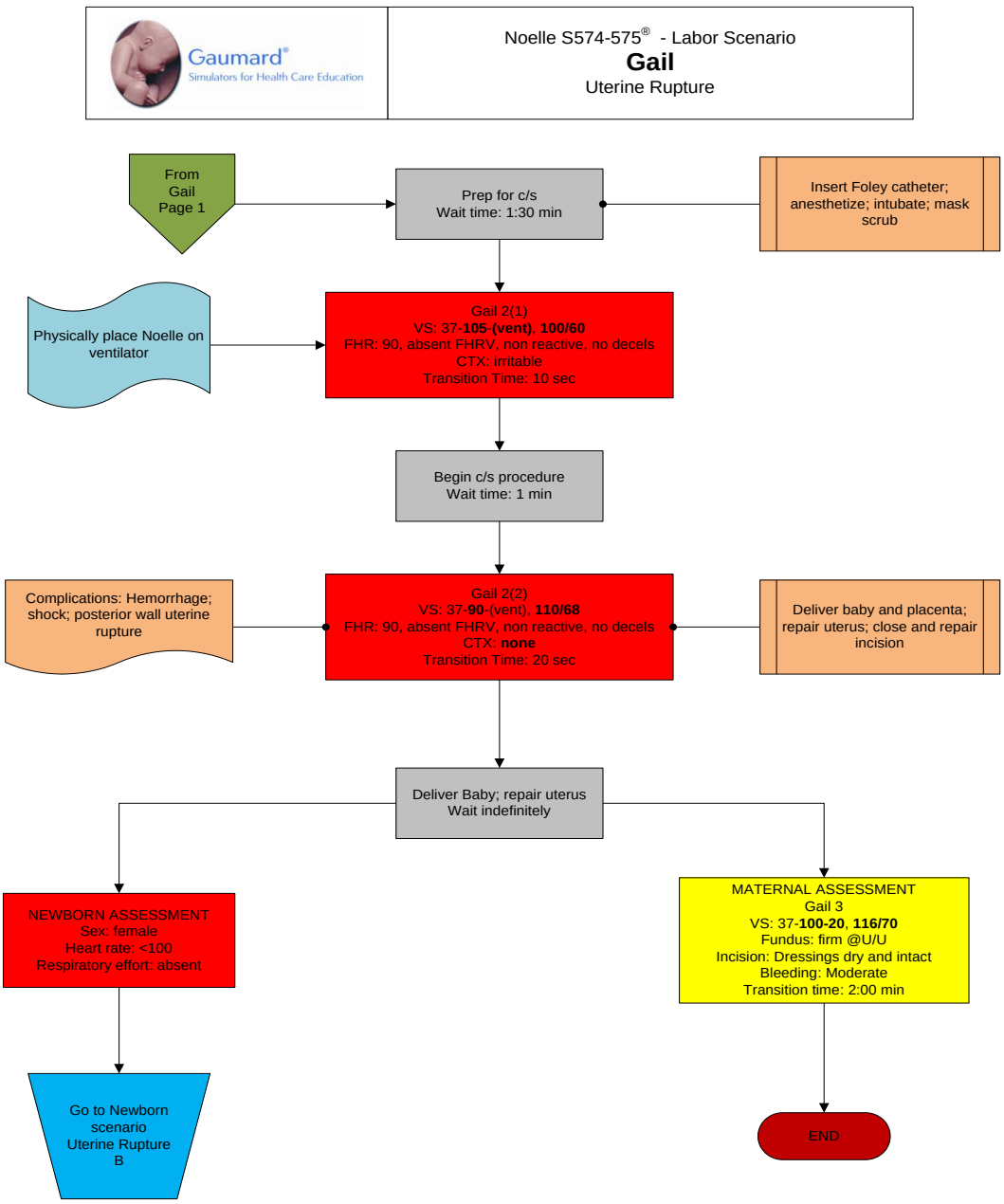
Noelle S574-575® - Labor Scenario

Gail

Uterine Rupture

Gail is a 29 year old primip @ 35 weeks. She was admitted to L&D from the ER after being involved in car accident. Both she and her husband, Alan, were seriously injured and she is on a backboard wearing a c-collar to stabilize the spine. Her right humerus is fractured and seat belt marks are visible across the abdomen. Labor duration: 18-20 minutes.


S&S: Very uncomfortable; Complains about arm, back and abdominal pain
Gail 1
VS: 37-100-24, 130/70
FHR: 120, absent FHRV, non reactive, no decels
CTX: irritable
Initiate fetal monitoring; wedge blanket under right side; page OB hospitalist to room stat
Establish EFM; await cervical x-ray results
Wait time: 1:45 min
Remove collar and backboard
Wait time: 4:00 min
Discuss need for C/S with patient; type and screen for 2 units of PRBC
S&S: Extreme abdominal and back pain; anxiety
Gail 1_1
VS: 37-120-32 (gasping), 140/70
FHR: 100, absent FHRV, non reactive, late decels
CTX: irritable
Bleeding: on
Transition Time: 25 sec
Call for emergency c/s
Wait time: 40 sec
Tell patient of need for emergency c/s; give Nubain IV push; move patient to OR
Go to Page 2
Gail 2
VS: 37-125-32 (gasping), 115/65
FHR: 90, absent FHRV, non reactive, no decels
CTX: irritable
Bleeding: on
Transition Time: 30 sec

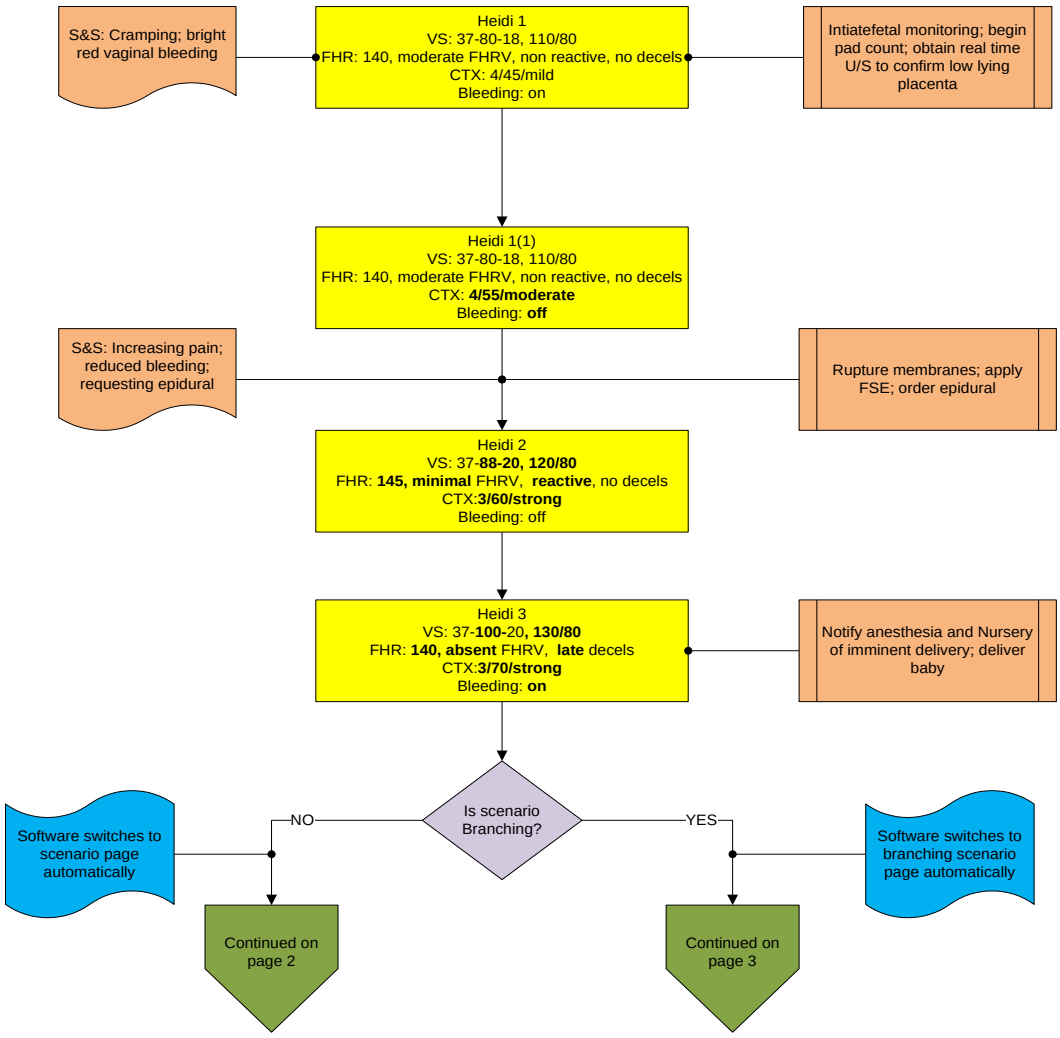

Gaumard®
Simulators for Health Care Education
Noelle S574-575® - Labor Scenario
Gail
Uterine Rupture
From Gail Page 1
Prep for c/s
Wait time: 1:30 min
Insert Foley catheter; anesthetize; intubate; mask scrub
Physically place Noelle on ventilator
Gail 2(1)
VS: 37-105-(vent), 100/60
FHR: 90, absent FHRV, non reactive, no decels
CTX: irritable
Transition Time: 10 sec
Begin c/s procedure
Wait time: 1 min
Complications: Hemorrhage; shock; posterior wall uterine rupture
Gail 2(2)
VS: 37-90-(vent), 110/68
FHR: 90, absent FHRV, non reactive, no decels
CTX: none
Transition Time: 20 sec
Deliver baby and placenta; repair uterus; close and repair incision
Deliver Baby; repair uterus
Wait indefinitely
NEWBORN ASSESSMENT
Sex: female
Heart rate: <100
Respiratory effort: absent
MATERNAL ASSESSMENT
Gail 3
VS: 37-100-20, 116/70
Fundus: firm @U/U
Incision: Dressings dry and intact
Bleeding: Moderate
Transition time: 2:00 min
Go to Newborn scenario Uterine Rupture B
END

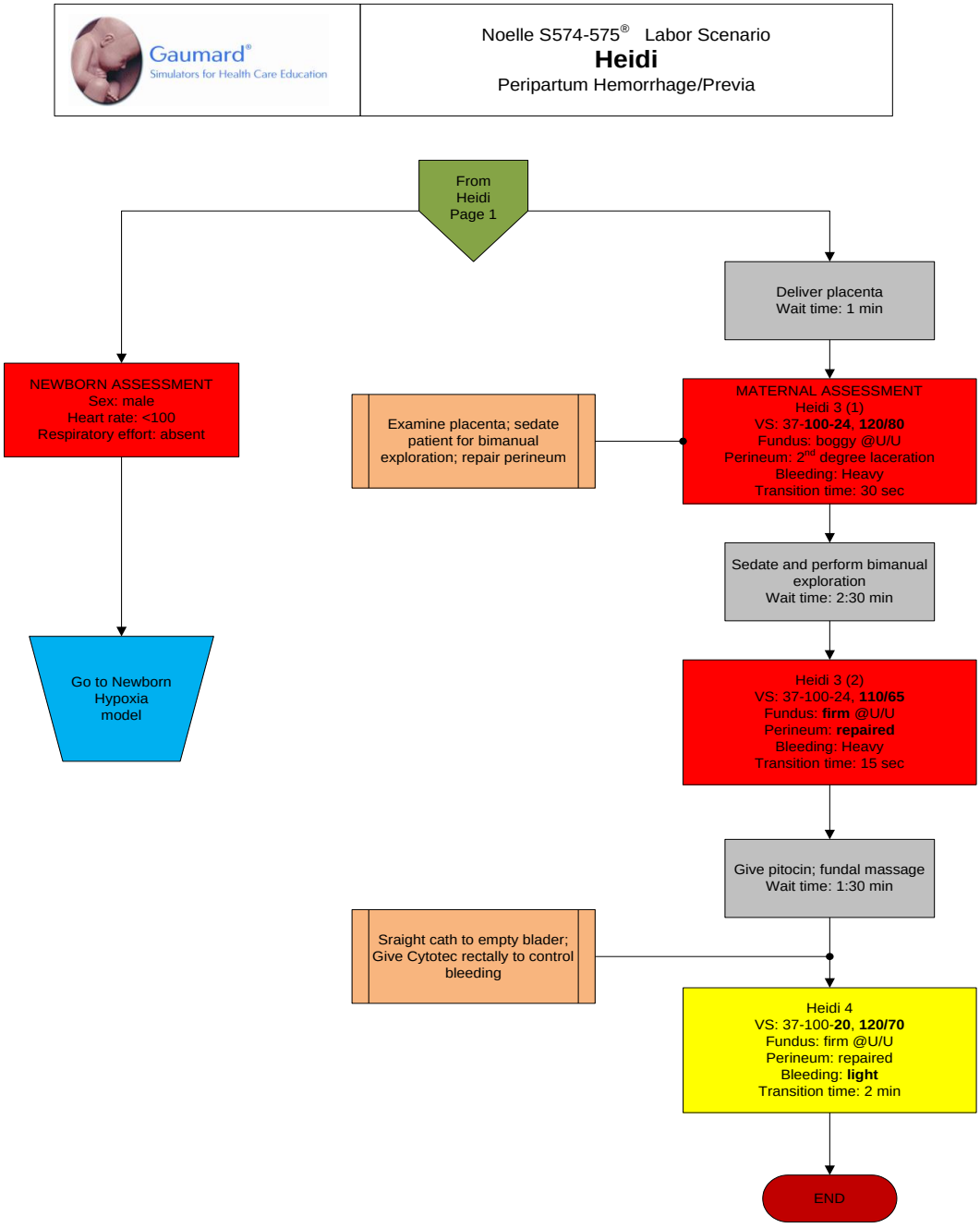
Noelle S574-575® Labor Scenario

Heidi

Peripartum Hemorrhage/Previa

Heidi is a 25 yr old primip @ 35 weeks. She has experienced several mild bleeding episodes during pregnancy and is known to have a low lying placenta. She arrives in L&D complaining of abdominal cramps and has bright red vaginal bleeding. Labor duration: 30 minutes. Labor duration: 35-45 minutes.

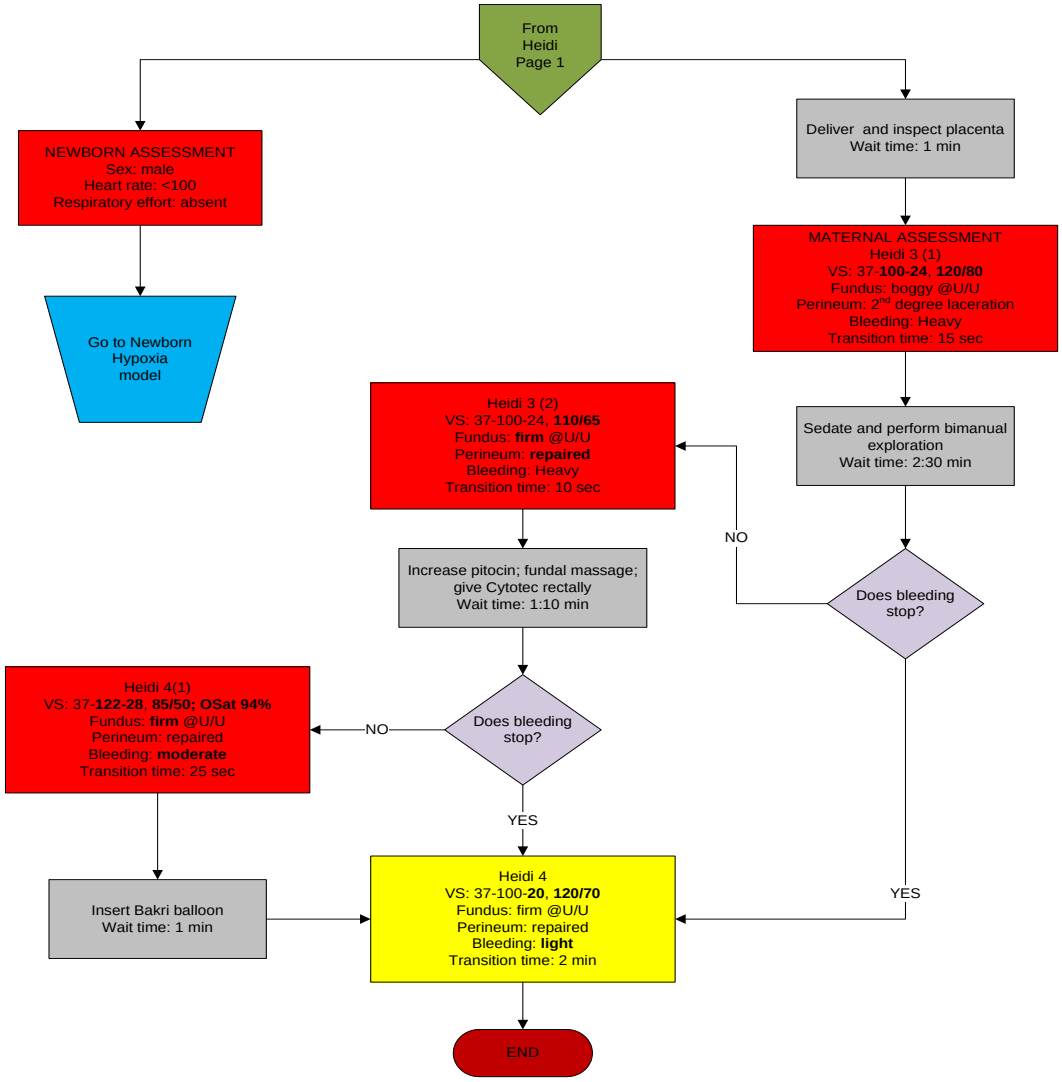

S&S: Cramping; bright red vaginal bleeding
Heidi 1
VS: 37-80-18, 110/80
FHR: 140, moderate FHRV, non reactive, no decels
CTX: 4/45/mild
Bleeding: on
Intiatefetal monitoring; begin pad count; obtain real time U/S to confirm low lying placenta
Heidi 1(1)
VS: 37-80-18, 110/80
FHR: 140, moderate FHRV, non reactive, no decels
CTX: 4/55/moderate
Bleeding: off
S&S: Increasing pain; reduced bleeding; requesting epidural
Rupture membranes; apply FSE; order epidural
Heidi 2
VS: 37-88-20, 120/80
FHR: 145, minimal FHRV, reactive, no decels
CTX:3/60/strong
Bleeding: off
Heidi 3
VS: 37-100-20, 130/80
FHR: 140, absent FHRV, late decels
CTX:3/70/strong
Bleeding: on
Notify anesthesia and Nursery of imminent delivery; deliver baby
Is scenario Branching?
NO
YES
Software switches to scenario page automatically
Software switches to branching scenario page automatically
Continued on page 2
Continued on page 3


Gaumard®
Simulators for Health Care Education
Noelle S574-575® Labor Scenario
Heidi
Peripartum Hemorrhage/Previa
From Heidi Page 1
Deliver placenta
Wait time: 1 min
NEWBORN ASSESSMENT
Sex: male
Heart rate: <100
Respiratory effort: absent
Examine placenta; sedate patient for bimanual exploration; repair perineum
MATERNAL ASSESSMENT
Heidi 3 (1)
VS: 37-100-24, 120/80
Fundus: boggy @U/U
Perineum: 2nd degree laceration
Bleeding: Heavy
Transition time: 30 sec
Sedate and perform bimanual exploration
Wait time: 2:30 min
Go to Newborn Hypoxia model
Heidi 3 (2)
VS: 37-100-24, 110/65
Fundus: firm @U/U
Perineum: repaired
Bleeding: Heavy
Transition time: 15 sec
Give pitocin; fundal massage
Wait time: 1:30 min
Sraight cath to empty blader; Give Cytotec rectally to control bleeding
Heidi 4
VS: 37-100-20, 120/70
Fundus: firm @U/U
Perineum: repaired
Bleeding: light
Transition time: 2 min
END

Noelle S574-575® Labor Scenario

Heidi

Peripartum Hemorrhage/Previa

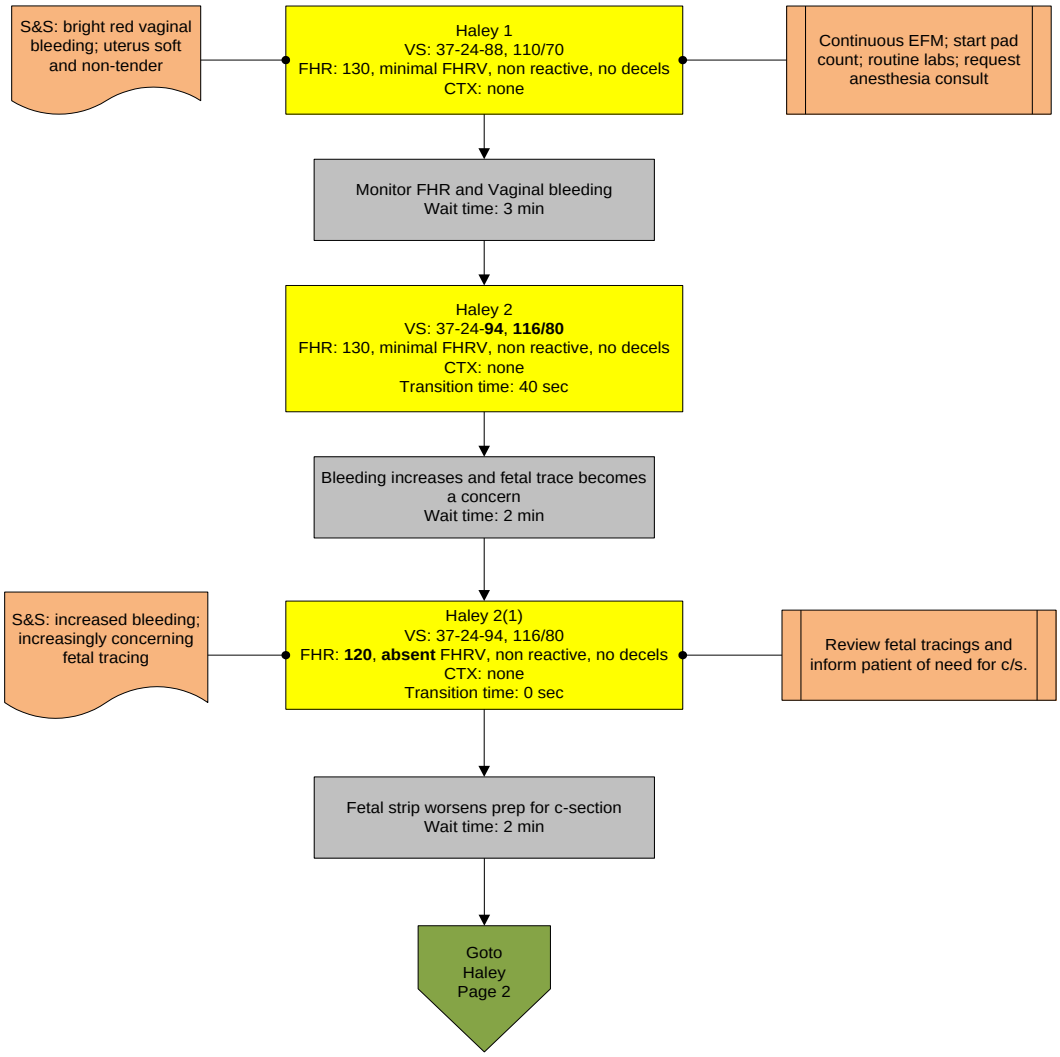


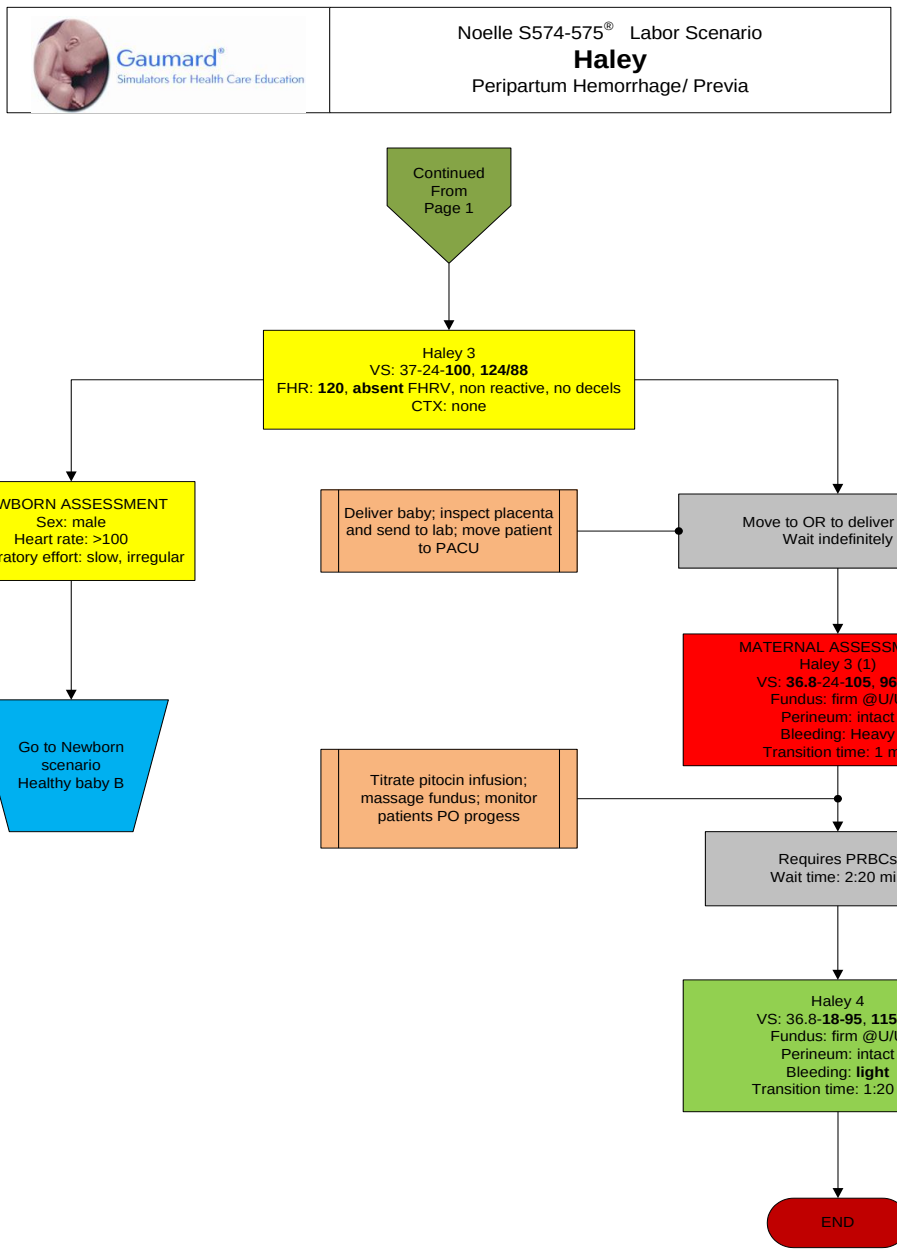
Noelle S574-575® Labor Scenario

Haley

Peripartum Hemorrhage/ Previa

Haley is a 33yr old G2 @ 35 weeks. Previous U/S revealed a low lying placenta and this is the 5th time in 11 weeks she been admitted for bleeding. This time the bleeding is is heavier and is not resolving. Her OB is on the way to the hospital; bimanual palpation shows the uterus to be soft and non-tender. Labor duration: 15 minutes.


S&S: bright red vaginal bleeding; uterus soft and non-tender
Haley 1
VS: 37-24-88, 110/70
FHR: 130, minimal FHRV, non reactive, no decels
CTX: none
Continuous EFM; start pad count; routine labs; request anesthesia consult
Monitor FHR and Vaginal bleeding
Wait time: 3 min
Haley 2
VS: 37-24-94, 116/80
FHR: 130, minimal FHRV, non reactive, no decels
CTX: none
Transition time: 40 sec
Bleeding increases and fetal trace becomes a concern
Wait time: 2 min
S&S: increased bleeding; increasingly concerning fetal tracing
Haley 2(1)
VS: 37-24-94, 116/80
FHR: 120, absent FHRV, non reactive, no decels
CTX: none
Transition time: 0 sec
Review fetal tracings and inform patient of need for c/s.
Fetal strip worsens prep for c-section
Wait time: 2 min
Goto Haley Page 2

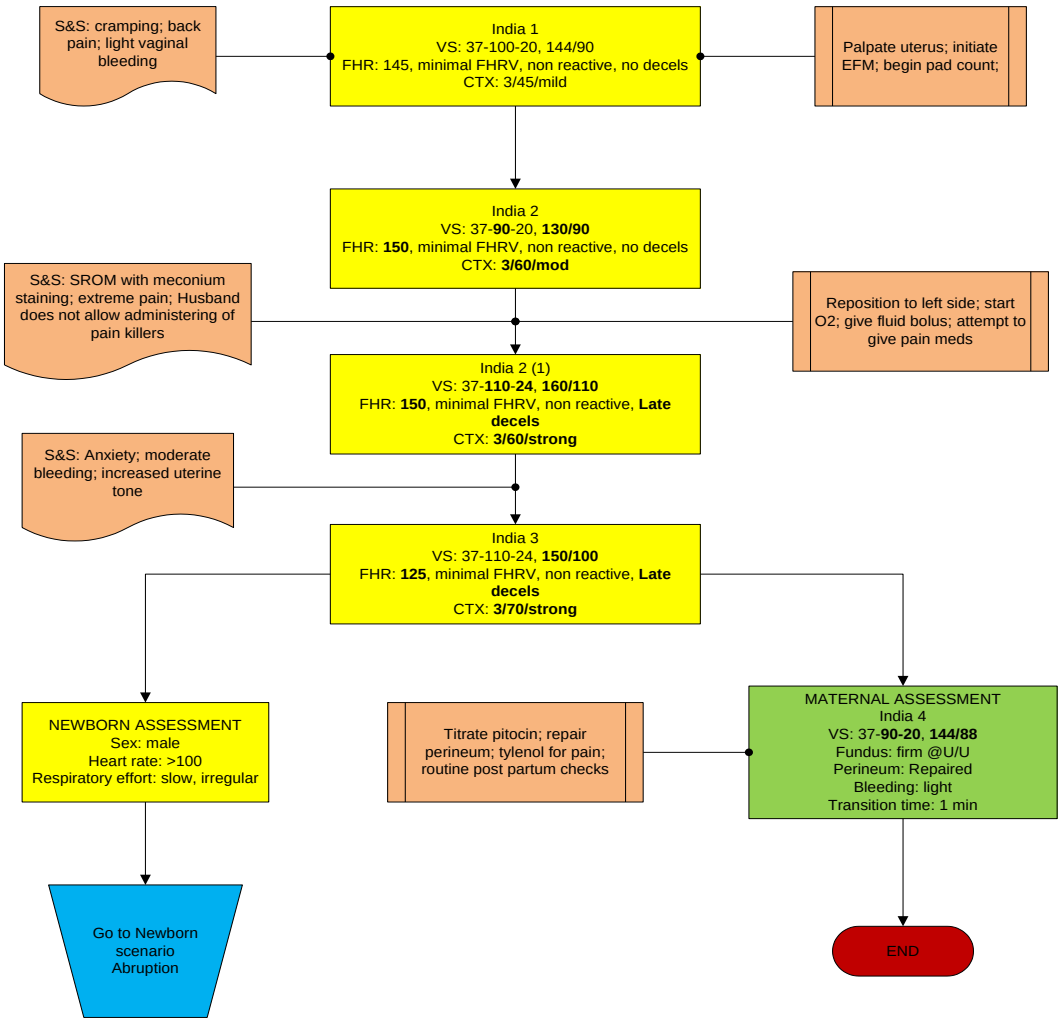

Gaumard®
Simulators for Health Care Education
Noelle S574-575® Labor Scenario
Haley
Peripartum Hemorrhage/ Previa
Continued From Page 1
Haley 3
VS: 37-24-100, 124/88
FHR: 120, absent FHRV, non reactive, no decels
CTX: none
NEWBORN ASSESSMENT
Sex: male
Heart rate: >100
Respiratory effort: slow, irregular
Go to Newborn scenario
Healthy baby B
Deliver baby; inspect placenta and send to lab; move patient to PACU
Move to OR to deliver baby
Wait indefinitely
MATERNAL ASSESSMENT
Haley 3 (1)
VS: 36.8-24-105, 96/66
Fundus: firm @U/U
Perineum: intact
Bleeding: Heavy
Transition time: 1 min
Titrate pitocin infusion; massage fundus; monitor patients PO progess
Requires PRBCs
Wait time: 2:20 min
Haley 4
VS: 36.8-18-95, 115/78
Fundus: firm @U/U
Perineum: intact
Bleeding: light
Transition time: 1:20 min
END

Noelle S574-575® Labor Scenario

India

Peripartum Hemorrhage/ Abruptio

India is a 19 yr old gravida 2 @ 37 weeks. She arrives at hospital with her husband who says she fell down the stairs and she has been cramping and bleeding for about an hour. During admitting interview husband answers all the questions and India doesn't make eye contact. The nurse palpates uterus, initiates fetal monitoring and starts a pad count. Labor duration: 25 minutes.


S&S: cramping; back pain; light vaginal bleeding
India 1
VS: 37-100-20, 144/90
FHR: 145, minimal FHRV, non reactive, no decels
CTX: 3/45/mild
Palpate uterus; initiate EFM; begin pad count;
India 2
VS: 37-**90**-20, **130/90**
FHR: **150**, minimal FHRV, non reactive, no decels
CTX: **3/60/mod**
S&S: SROM with meconium staining; extreme pain; Husband does not allow administering of pain killers
Reposition to left side; start O2; give fluid bolus; attempt to give pain meds
India 2 (1)
VS: 37-**110-24**, **160/110**
FHR: **150**, minimal FHRV, non reactive, **Late decels**
CTX: **3/60/strong**
S&S: Anxiety; moderate bleeding; increased uterine tone
India 3
VS: 37-110-24, **150/100**
FHR: **125**, minimal FHRV, non reactive, **Late decels**
CTX: **3/70/strong**
NEWBORN ASSESSMENT
Sex: male
Heart rate: >100
Respiratory effort: slow, irregular
Titrate pitocin; repair perineum; tylenol for pain; routine post partum checks
MATERNAL ASSESSMENT
India 4
VS: 37-**90-20**, **144/88**
Fundus: firm @U/U
Perineum: Repaired
Bleeding: light
Transition time: 1 min
Go to Newborn scenario Abruption
END

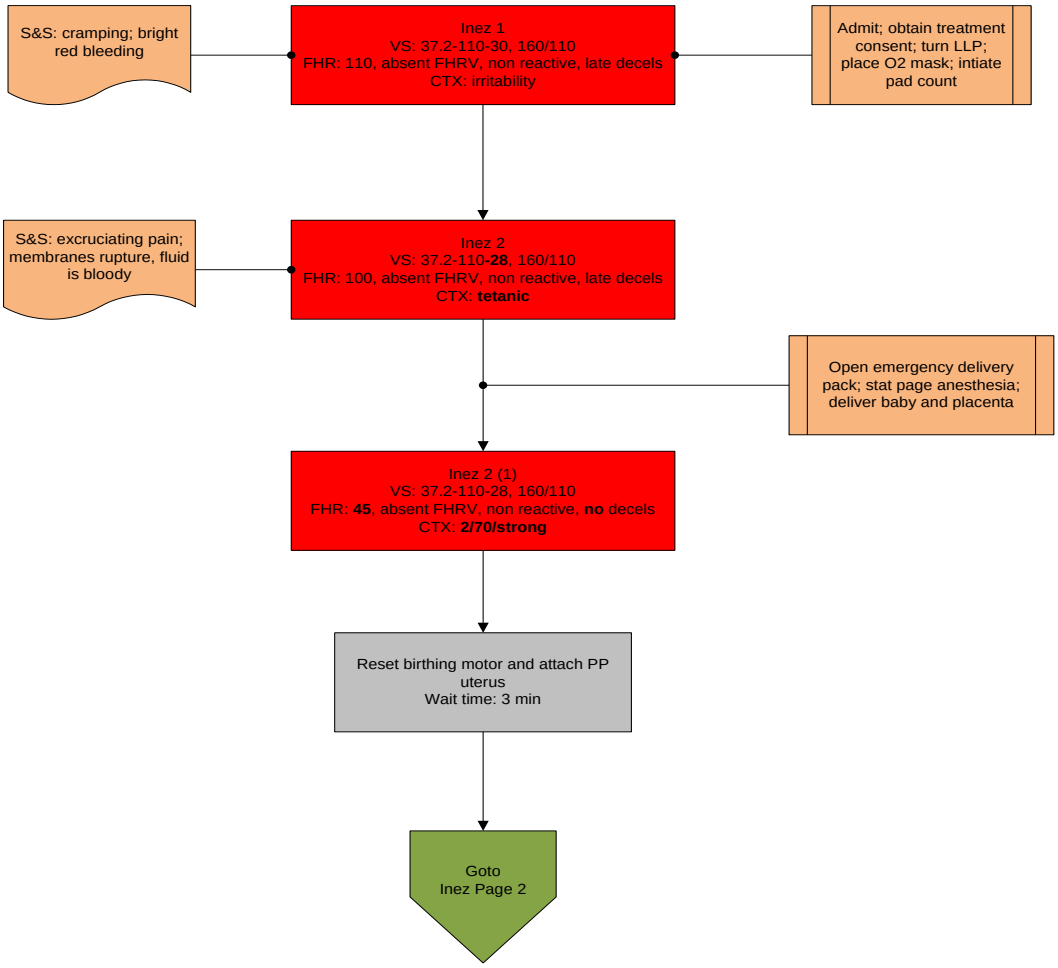
Gaumard®
Simulators for Health Care Education

Noelle S574-575® Labor Scenario

Inez

Peripartum Hemorrhage/Abruption

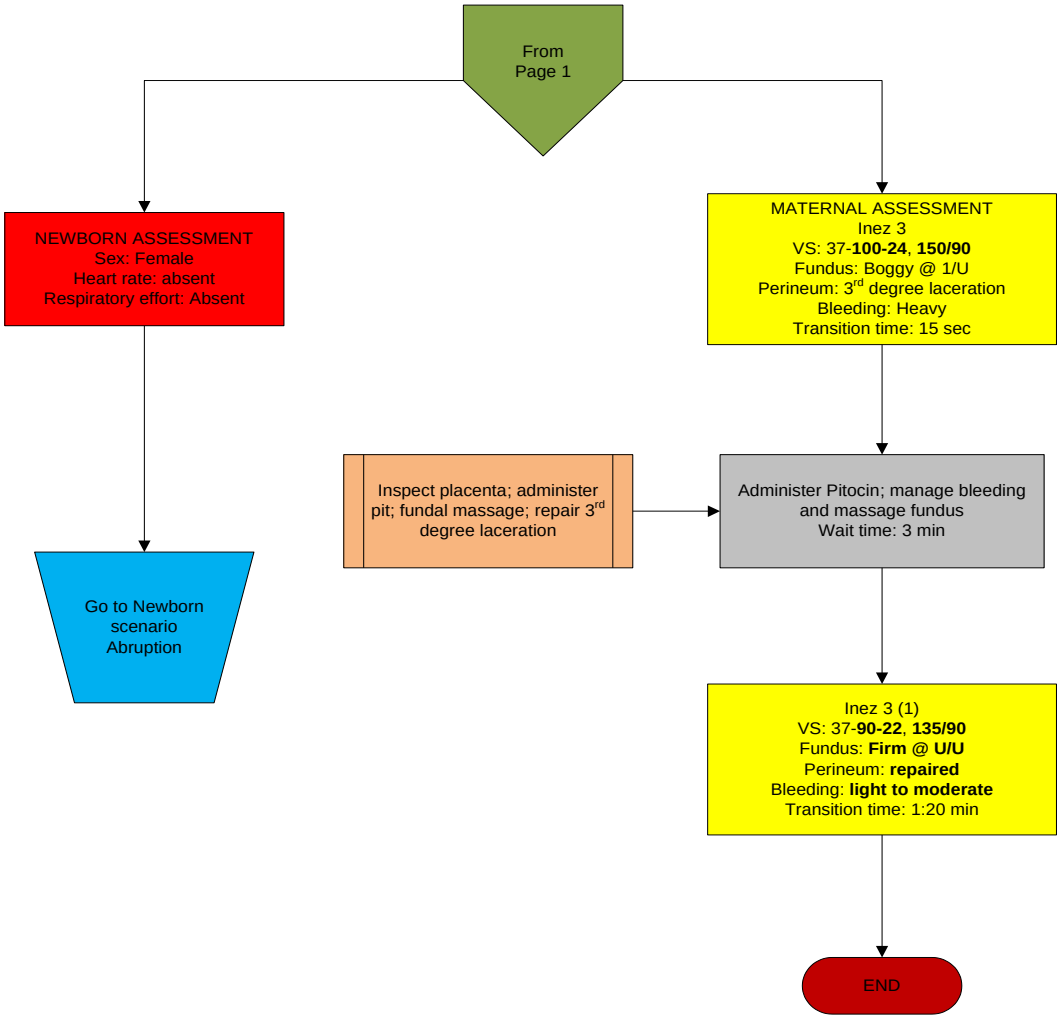
Inez is a 27 yr old primip @ 35 weeks. She arrives at hospital one evening crying and doubled over in pain. She is admitted to a birthing room and the nurse notices bright red blood on Inez's panties. She is having very intense and close contractions. Labor duration: 10 minutes. Scenario duration: 18 minutes.


S&S: cramping; bright red bleeding
Inez 1
VS: 37.2-110-30, 160/110
FHR: 110, absent FHRV, non reactive, late decels
CTX: irritability
Admit; obtain treatment consent; turn LLP; place O2 mask; intiate pad count
S&S: excruciating pain; membranes rupture, fluid is bloody
Inez 2
VS: 37.2-110-28, 160/110
FHR: 100, absent FHRV, non reactive, late decels
CTX: tetanic
Open emergency delivery pack; stat page anesthesia; deliver baby and placenta
Inez 2 (1)
VS: 37.2-110-28, 160/110
FHR: 45, absent FHRV, non reactive, no decels
CTX: 2/70/strong
Reset birthing motor and attach PP uterus
Wait time: 3 min
Goto
Inez Page 2

Noelle S574-575® Labor Scenario

Inez

Peripartum Hemorrhage/Abruption

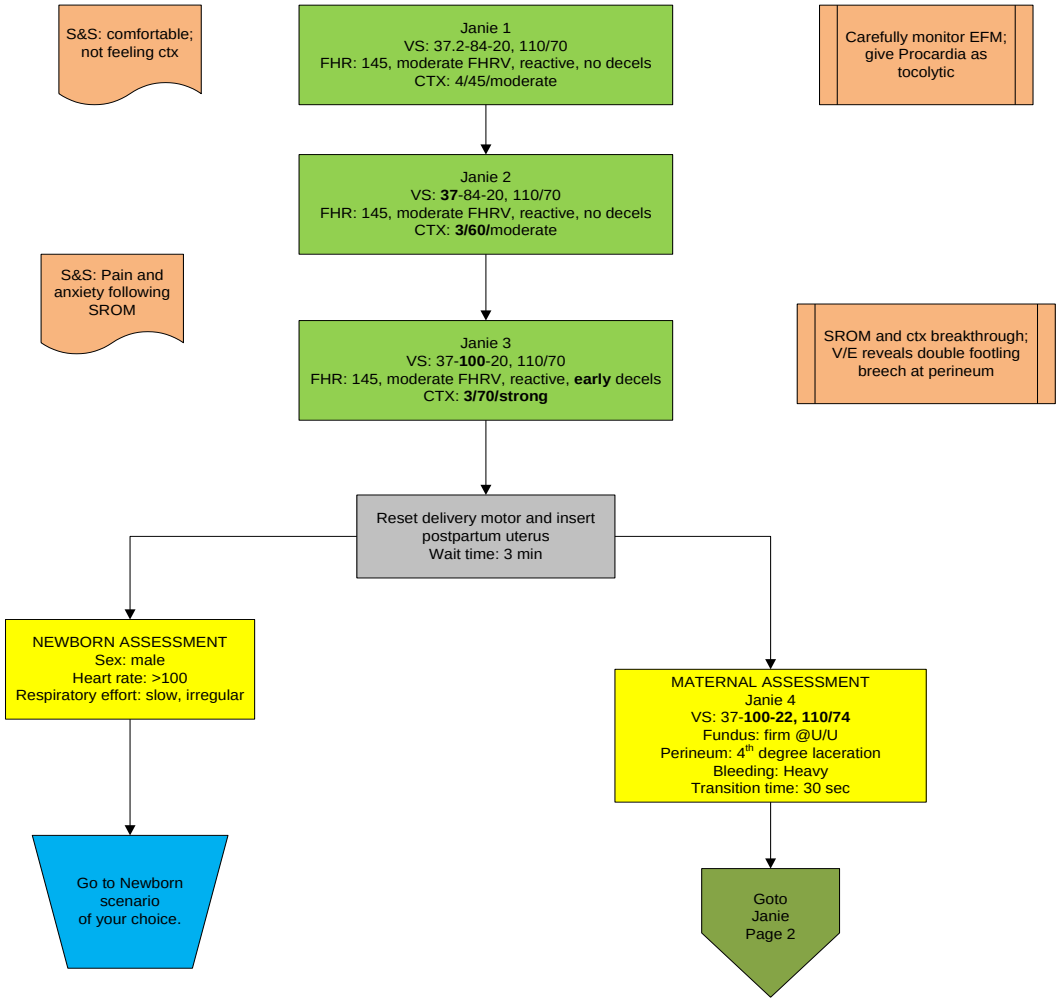


Noelle S574-575® Labor Scenario

Janie

Peripartum Hemorrhage/ PPH

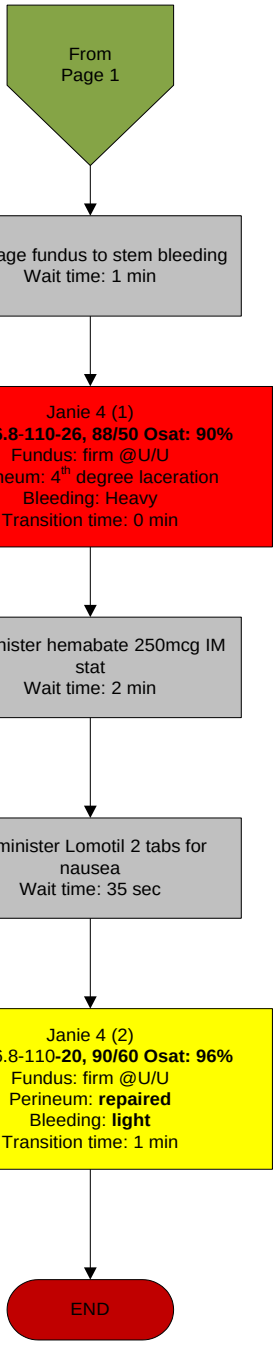
Janie is a 23 yr old G 2 @ 38 weeks. She has experienced several bleeding episodes due to a low lying placenta. She has been counseled about the potential for postpartum hemorrhage . Her religious beliefs prohibit the administration of any blood products . Labor duration: 15 minutes. Scenario duration: 25 minutes.


S&S: comfortable; not feeling ctx
Janie 1
VS: 37.2-84-20, 110/70
FHR: 145, moderate FHRV, reactive, no decels
CTX: 4/45/moderate
Carefully monitor EFM; give Procardia as tocolytic
Janie 2
VS: 37-84-20, 110/70
FHR: 145, moderate FHRV, reactive, no decels
CTX: 3/60/moderate
S&S: Pain and anxiety following SROM
Janie 3
VS: 37-100-20, 110/70
FHR: 145, moderate FHRV, reactive, early decels
CTX: 3/70/strong
SROM and ctx breakthrough; V/E reveals double footling breech at perineum
Reset delivery motor and insert postpartum uterus
Wait time: 3 min
NEWBORN ASSESSMENT
Sex: male
Heart rate: >100
Respiratory effort: slow, irregular
MATERNAL ASSESSMENT
Janie 4
VS: 37-100-22, 110/74
Fundus: firm @U/U
Perineum: 4th degree laceration
Bleeding: Heavy
Transition time: 30 sec
Go to Newborn scenario of your choice.
Goto Janie Page 2

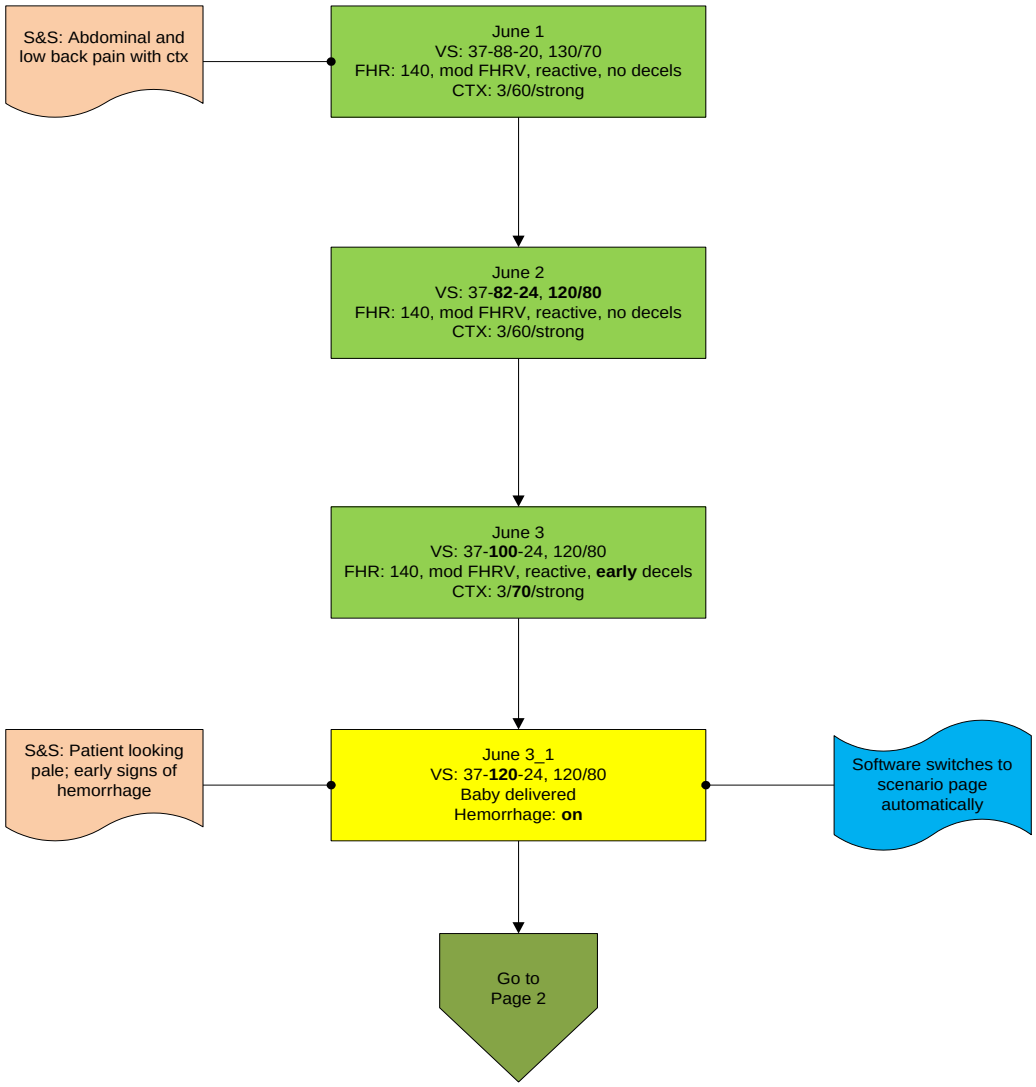
Noelle S574-575® Labor Scenario

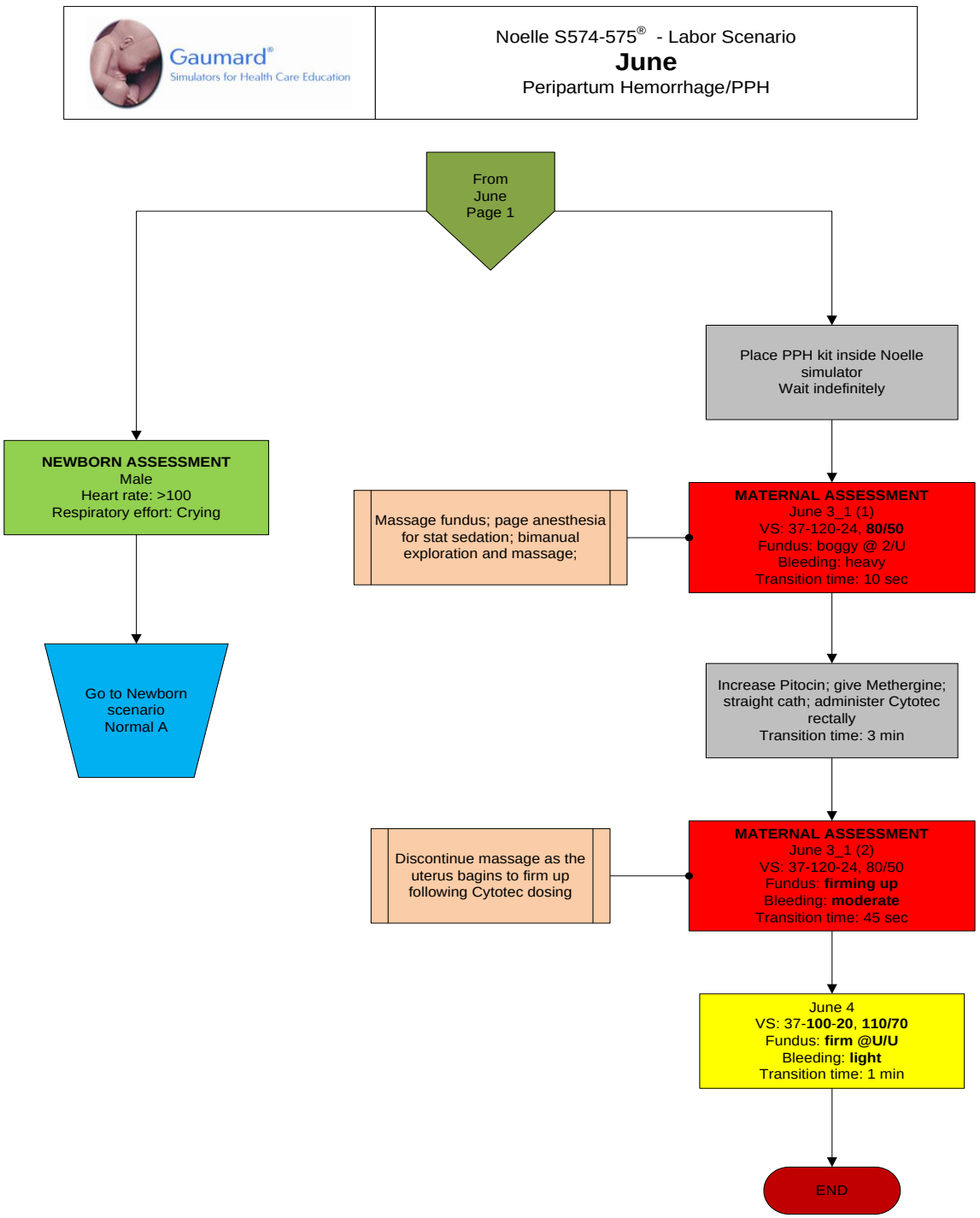
Janie

Peripartum Hemorrhage/ PPH



Gaumard® Simulators for Health Care Education	Noelle S574-575® - Labor Scenario **June** Peripartum Hemorrhage/PPH
June is a 31 yr old multip about to have her 5th baby. She has had a normal pregnancy and she is planning natural childbirth. She enters the hospital in active labor. The family is very excited as they know this baby is a boy. Labor duration: 15 minutes. Scenario duration: 22-25 minutes.	



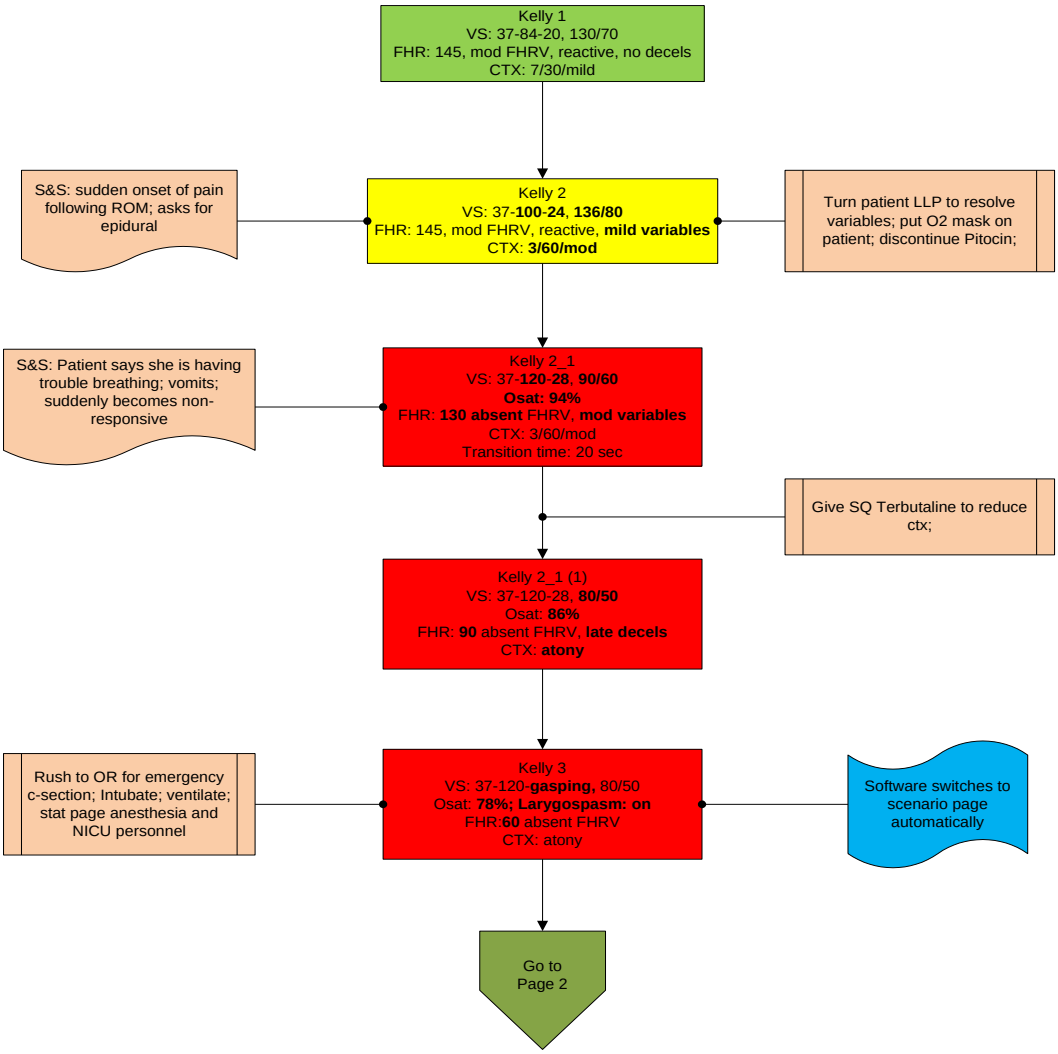

Gaumard®
Simulators for Health Care Education
Noelle S574-575® - Labor Scenario
June
Peripartum Hemorrhage/PPH
From June Page 1
Place PPH kit inside Noelle simulator
Wait indefinitely
NEWBORN ASSESSMENT
Male
Heart rate: >100
Respiratory effort: Crying
MATERNAL ASSESSMENT
June 3_1 (1)
VS: 37-120-24, 80/50
Fundus: boggy @ 2/U
Bleeding: heavy
Transition time: 10 sec
Massage fundus; page anesthesia for stat sedation; bimanual exploration and massage;
Go to Newborn scenario
Normal A
Increase Pitocin; give Methergine; straight cath; administer Cytotec rectally
Transition time: 3 min
MATERNAL ASSESSMENT
June 3_1 (2)
VS: 37-120-24, 80/50
Fundus: firming up
Bleeding: moderate
Transition time: 45 sec
Discontinue massage as the uterus bagins to firm up following Cytotec dosing
June 4
VS: 37-100-20, 110/70
Fundus: firm @U/U
Bleeding: light
Transition time: 1 min
END

Noelle S574-575® - Labor Scenario

Kelly

Amniotic Fluid Embolism

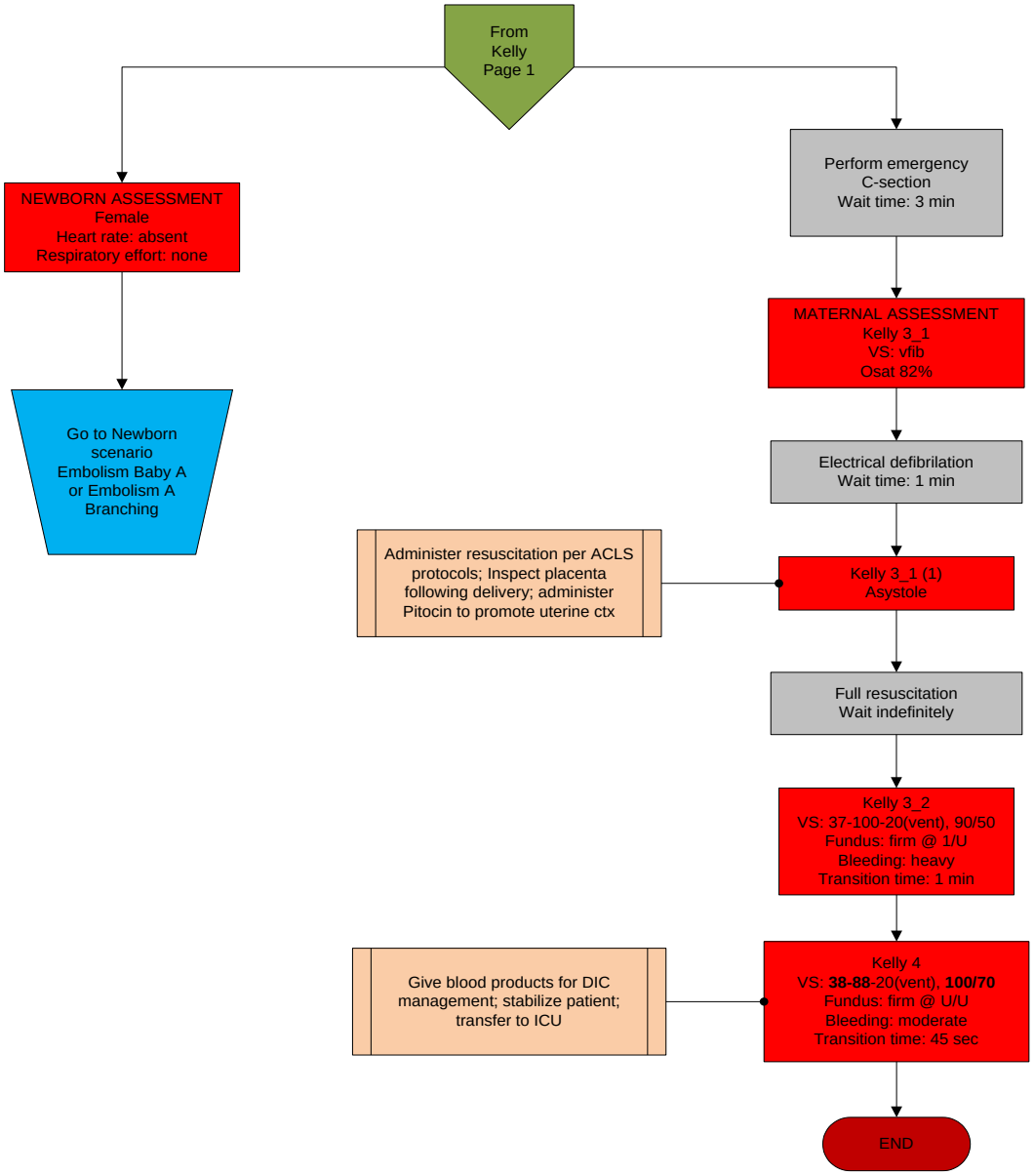
Kelly is a 34 yr old gravida 5/2 @ 38 weeks. She is scheduled for induction as her last baby weighed almost 10lbs and she experienced a severe shoulder dystocia with that delivery. She has gained 43lbs with this pregnancy and her GTT is borderline. Labor duration: 25 minutes. Scenario duration: 35-40 minutes.


Kelly 1
VS: 37-84-20, 130/70
FHR: 145, mod FHRV, reactive, no decels
CTX: 7/30/mild
S&S: sudden onset of pain following ROM; asks for epidural
Kelly 2
VS: 37-100-24, 136/80
FHR: 145, mod FHRV, reactive, mild variables
CTX: 3/60/mod
Turn patient LLP to resolve variables; put O2 mask on patient; discontinue Pitocin;
S&S: Patient says she is having trouble breathing; vomits; suddenly becomes non-responsive
Kelly 2_1
VS: 37-120-28, 90/60
Osat: 94%
FHR: 130 absent FHRV, mod variables
CTX: 3/60/mod
Transition time: 20 sec
Give SQ Terbutaline to reduce ctx;
Kelly 2_1 (1)
VS: 37-120-28, 80/50
Osat: 86%
FHR: 90 absent FHRV, late decels
CTX: atony
Rush to OR for emergency c-section; Intubate; ventilate; stat page anesthesia and NICU personnel
Kelly 3
VS: 37-120-gasping, 80/50
Osat: 78%; Larygospasm: on
FHR:60 absent FHRV
CTX: atony
Software switches to scenario page automatically
Go to Page 2

Noelle S574-575® - Labor Scenario

Kelly

Amniotic Fluid Embolism



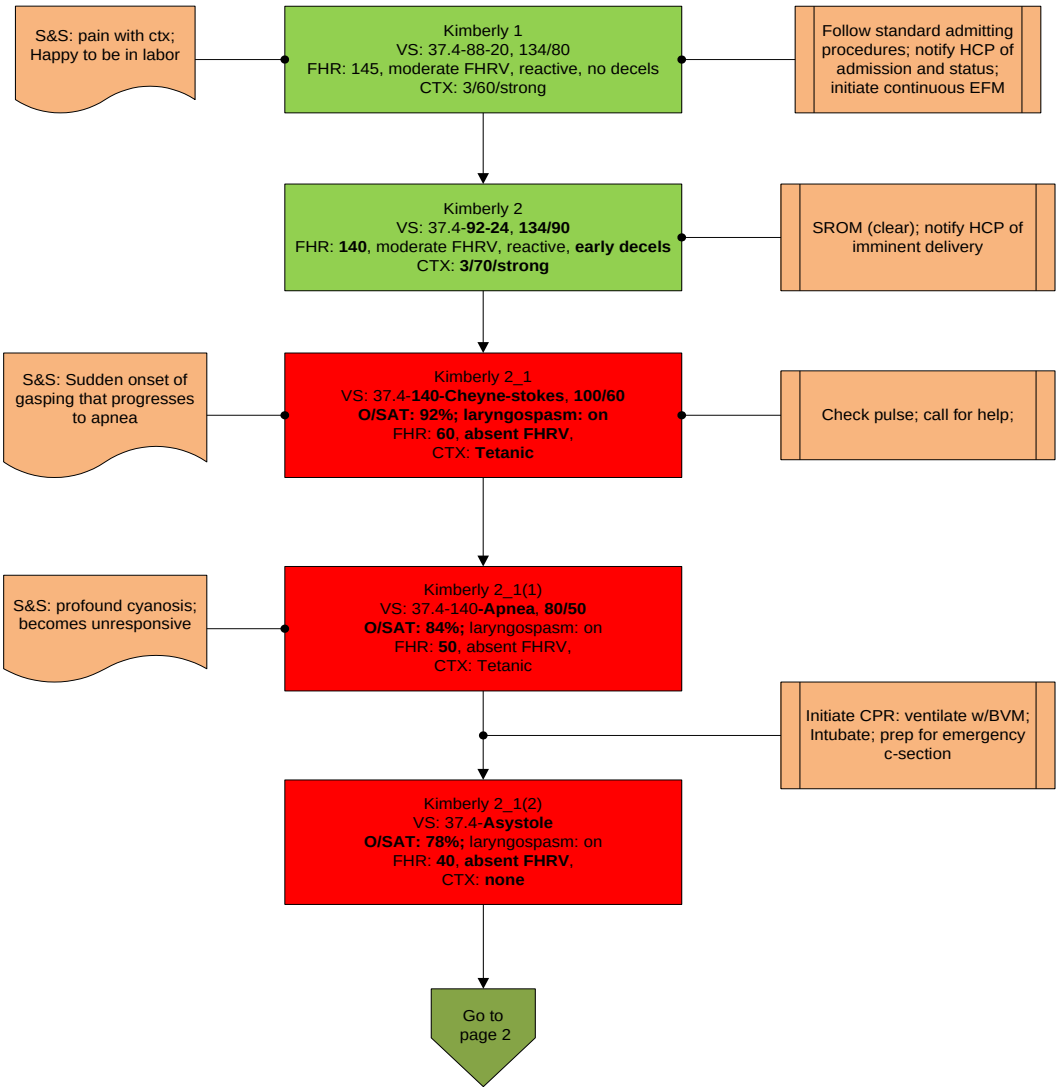
Gaumard®
Simulators for Health Care Education

Noelle S574-575® Labor Scenario

Kimberly

AFE

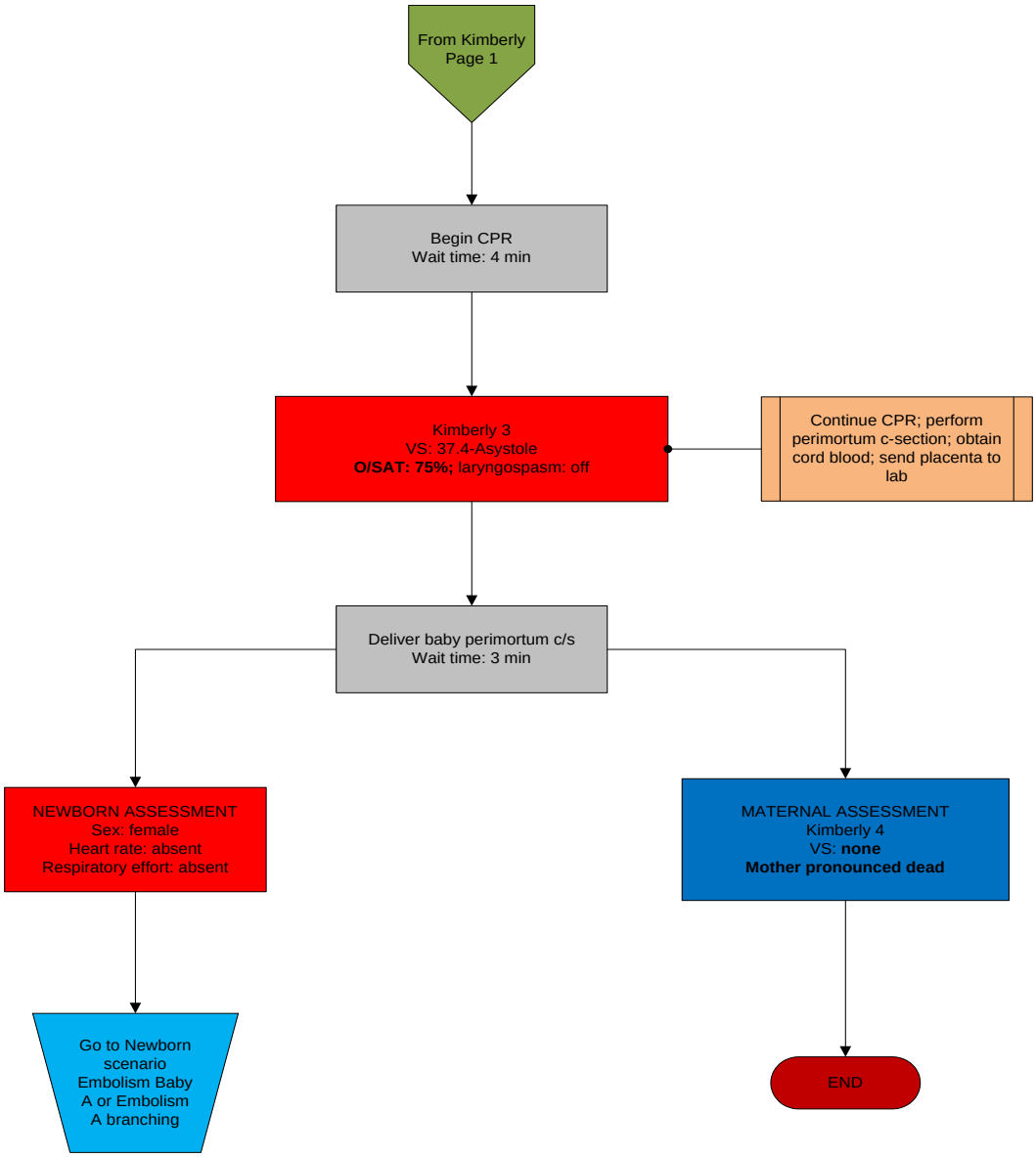
Kimberly is a 27 yr old multip @ 42 weeks. She began having contractions at home and now they are becoming stronger. She is excited to be finally going into labor. By the time the nurse completes admission Kimberly is requesting pain meds as her labor is progressing quickly. Labor duration: 25 minutes. Scenario duration: 30 minutes.


S&S: pain with ctx; Happy to be in labor
Kimberly 1
VS: 37.4-88-20, 134/80
FHR: 145, moderate FHRV, reactive, no decels
CTX: 3/60/strong
Follow standard admitting procedures; notify HCP of admission and status; initiate continuous EFM
Kimberly 2
VS: 37.4-92-24, 134/90
FHR: 140, moderate FHRV, reactive, early decels
CTX: 3/70/strong
SROM (clear); notify HCP of imminent delivery
S&S: Sudden onset of gasping that progresses to apnea
Kimberly 2_1
VS: 37.4-140-Cheyne-stokes, 100/60
O/SAT: 92%; laryngospasm: on
FHR: 60, absent FHRV,
CTX: Tetanic
Check pulse; call for help;
S&S: profound cyanosis; becomes unresponsive
Kimberly 2_1(1)
VS: 37.4-140-Apnea, 80/50
O/SAT: 84%; laryngospasm: on
FHR: 50, absent FHRV,
CTX: Tetanic
Initiate CPR: ventilate w/BVM; Intubate; prep for emergency c-section
Kimberly 2_1(2)
VS: 37.4-Asystole
O/SAT: 78%; laryngospasm: on
FHR: 40, absent FHRV,
CTX: none
Go to page 2

Noelle S574-575® Labor Scenario

Kimberly

AFE



Noelle S574-575® - Labor Scenario

Madonna

Preterm Labor

Madonna is a 41 yr old multip @ 31 weeks. She has experienced difficult pregnancies and has one Downs Syndrome baby. She has had several episodes of preterm contractions that resolved with LLP bed rest. This time the bed rest and oral hydration are not resolving the contractions; in fact, they seem to be getting worse. Labor duration: 35 minutes.

Madonna 1
VS: 37-72-18, 110/80
FHR: 150, mod FHRV, non-reactive, no decels
CTX: 3/45/mod
Perform SSE to determine cervical status; give Terbutaline SQ for tocolysis
S&S: Patient is anxious and shaky; she says her heart is racing
Madonna 1_1
VS: 37-120-24, 100/70
FHR: 150, mod FHRV, non-reactive, no decels
CTX: None
Transition time: 1:20 min
Reassure patient about effects of beta-mimetic drugs
Madonna 2
VS: 37-90-20, 110/70
FHR: 150, mod FHRV, non-reactive, no decels
CTX: 3/45/mod
Transition time: 45 sec
Give second dose of SQ Terbutaline for cessation of breakthrough ctx
S&S: Patient is anxious and shaky; Palpitations, tachycardia and PVCs result from second dose of SQ Terbutaline
Madonna 2_1
VS: 37-130-28, 90/60
FHR: 150, mod FHRV, non-reactive, no decels
CTX: None
Transition time: 1:20 min
Madonna 3
VS: 37-100-20, 100/70
FHR: 150, mod FHRV, non-reactive, no decels
CTX: 3/45/mod
Transition time: 1 min
Discontinue Terbutaline; give 300ml IV bolus; replace tocolytic drug with Procardia
S&S: no adverse reaction to Procardia
Madonna 4
VS: 37-90-20, 100/80
FHR: 150, mod FHRV, non-reactive, no decels
CTX: None
Transition time: 40 sec
END

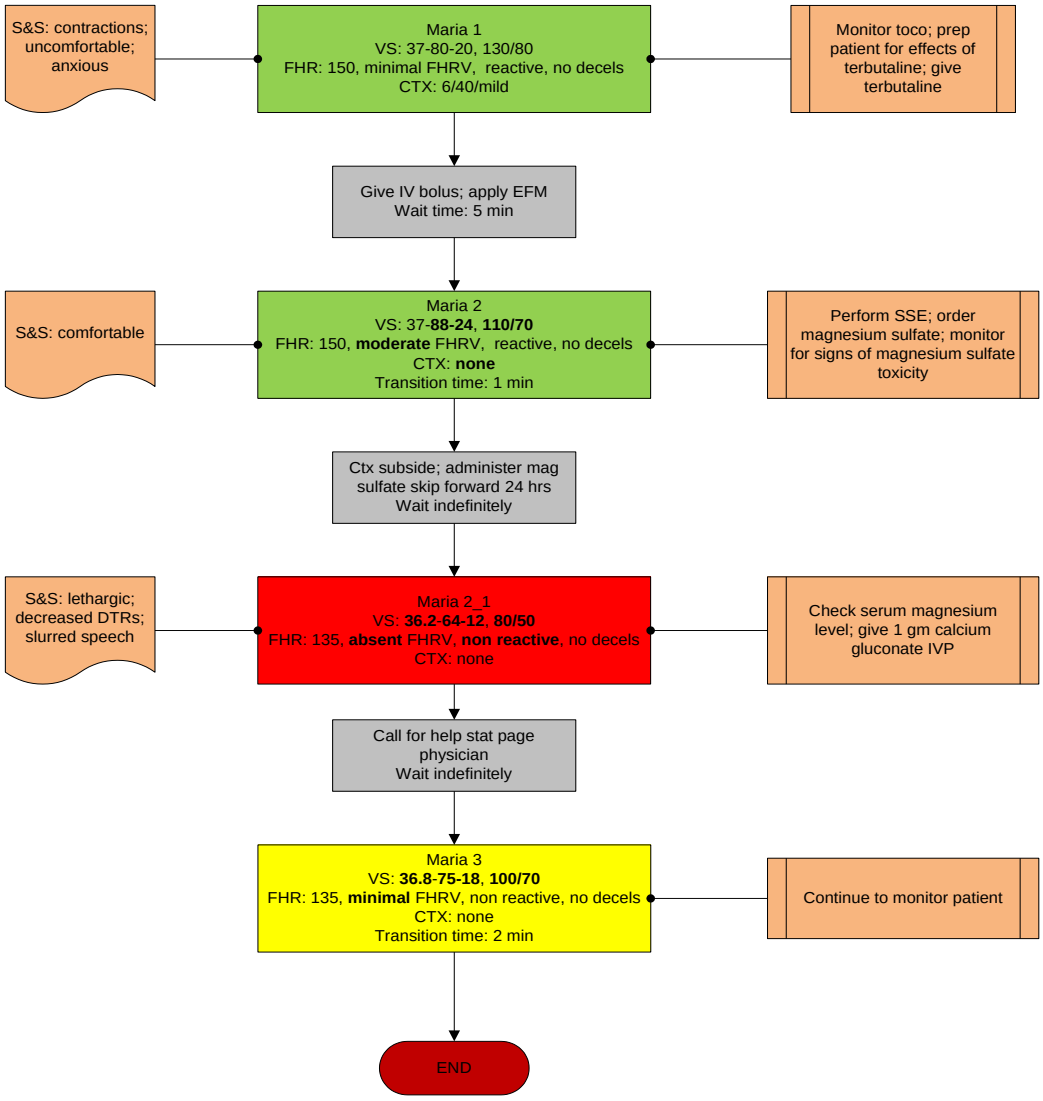
Gaumard®
Simulators for Health Care Education

Noelle S574-575® Labor Scenario

Maria

Preterm Labor

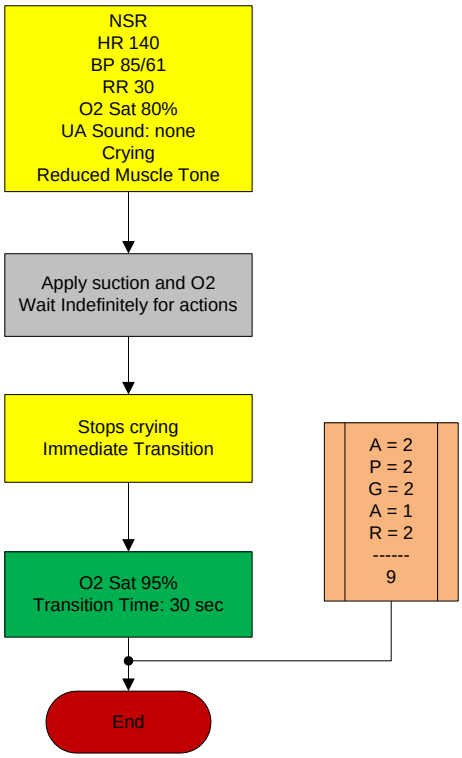
Maria is a 30 yr old multip @ 27 weeks. She has an 11 yr old and has been trying for more children. She has had 2 miscarriages in the last 4 years and she lost both due to an incompetent cervix. This time a McDonalds suture was placed @ 14 weeks. Labor duration: 15 minutes.


S&S: contractions; uncomfortable; anxious
Maria 1
VS: 37-80-20, 130/80
FHR: 150, minimal FHRV, reactive, no decels
CTX: 6/40/mild
Monitor toco; prep patient for effects of terbutaline; give terbutaline
Give IV bolus; apply EFM
Wait time: 5 min
S&S: comfortable
Maria 2
VS: 37-**88-24**, **110/70**
FHR: 150, **moderate** FHRV, reactive, no decels
CTX: **none**
Transition time: 1 min
Perform SSE; order magnesium sulfate; monitor for signs of magnesium sulfate toxicity
Ctx subside; administer mag sulfate skip forward 24 hrs
Wait indefinitely
S&S: lethargic; decreased DTRs; slurred speech
Maria 2_1
VS: **36.2-64-12**, **80/50**
FHR: 135, **absent** FHRV, **non reactive**, no decels
CTX: none
Check serum magnesium level; give 1 gm calcium gluconate IVP
Call for help stat page physician
Wait indefinitely
Maria 3
VS: **36.8-75-18**, **100/70**
FHR: 135, **minimal** FHRV, non reactive, no decels
CTX: none
Transition time: 2 min
Continue to monitor patient
END

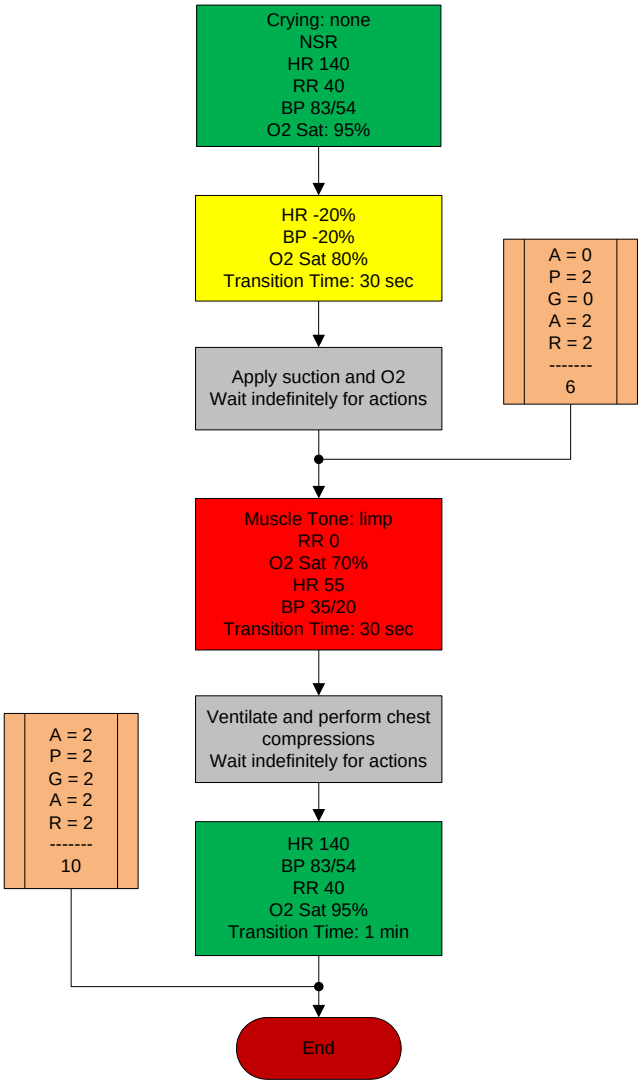
Newborn Flowcharts

Quick Start Newborn	
1	Alice’s Baby
2	Asphyxia
3	Beth’s (Dona’s) Baby
4	Cynthia’s Baby
5	Elaine’s Baby
6	Francine’s Baby
7	Gloria’s Baby
8	Helen’s (Irene’s) Baby
9	MAS
10	RDS
11	TTN

Gaumard® Simulators for Health Care Education	Newborn HAL® **Alice's Baby**
Healthy baby	



Gaumard® Simulators for Health Care Education	Newborn HAL® **Asphyxia**
Baby has an asphyxia attack and the providers need to give ventilations to help bring back the vitals to a healthy state.	

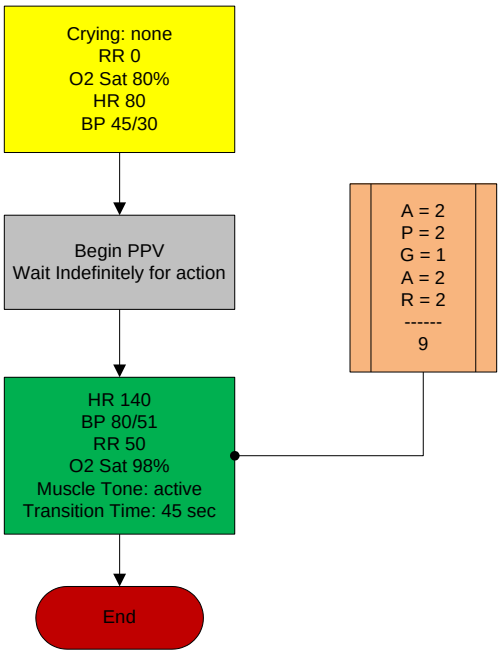


Gaumard®
Simulators for Health Care Education

Newborn HAL®

Beth's (Donna's) Baby

Baby is born with a mild asphyxia that needs attention. Once ventilations are started, the baby's vitals go to a healthy state.

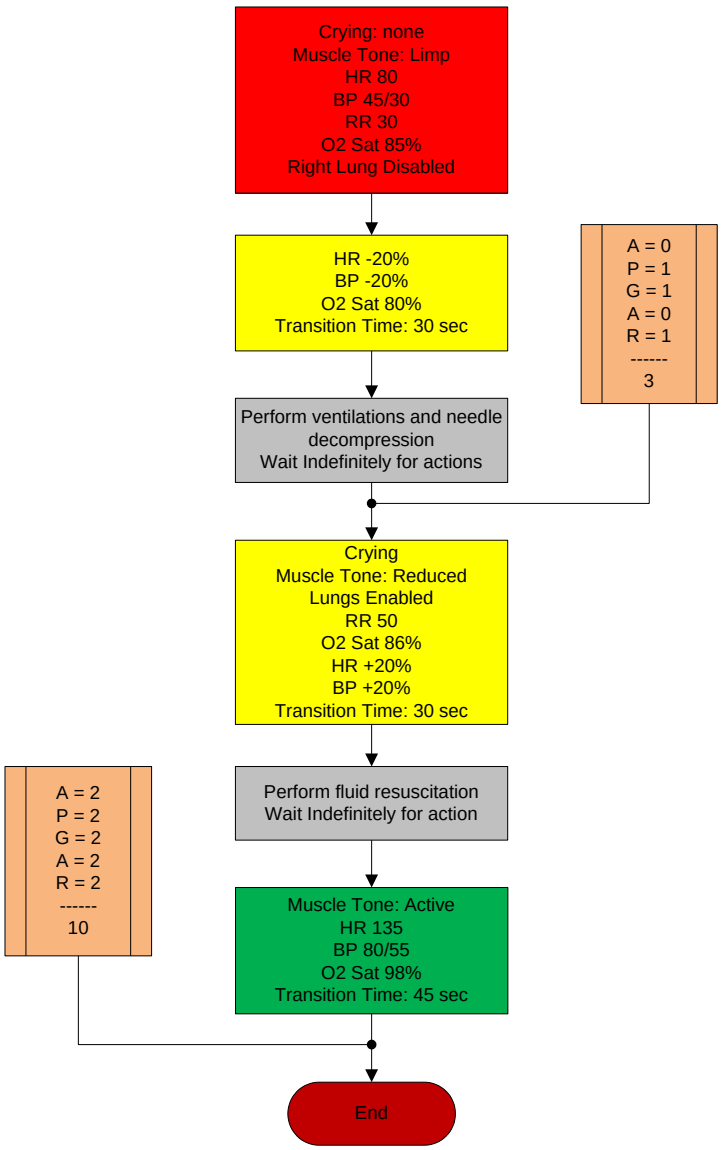


Gaumard®
Simulators for Health Care Education

Newborn HAL®

Cynthia's Baby

Male infant with central cyanosis, limp, flaccid and requires immediate resuscitation. No spontaneous movement of right arm is noted. Stat CXR reveals a fractured right clavicle and right pneumothorax.

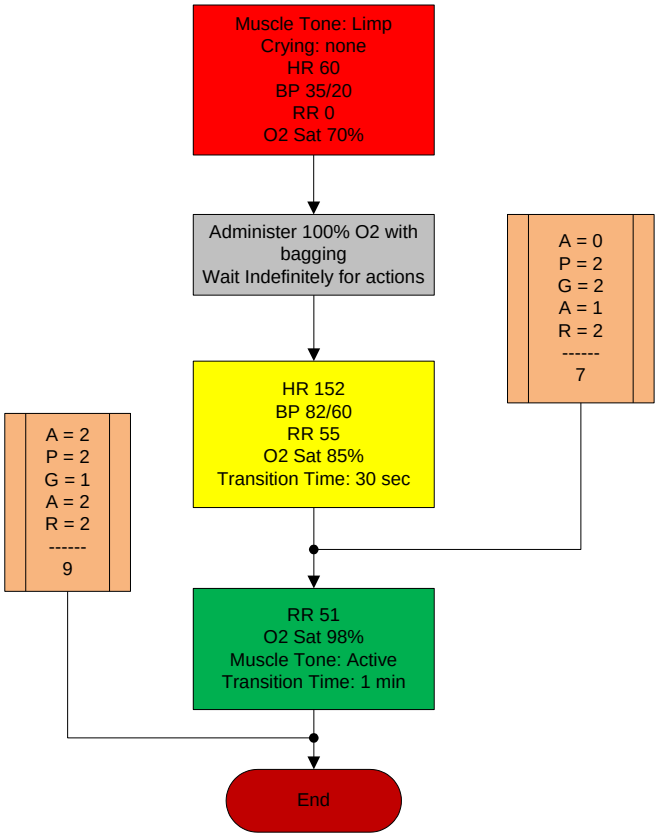


Gaumard®
Simulators for Health Care Education

Newborn HAL®

Elaine's Baby

This baby is born with moderate asphyxia, and will require CPR and oxygen to bring the vitals to a healthy state.

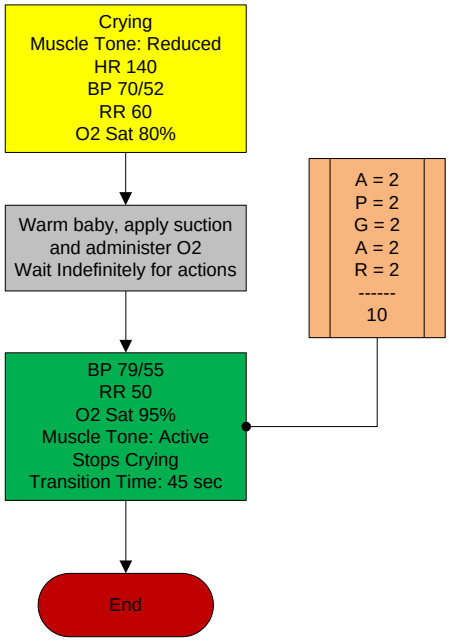


Gaumard®
Simulators for Health Care Education

Newborn HAL®

Francines's Baby

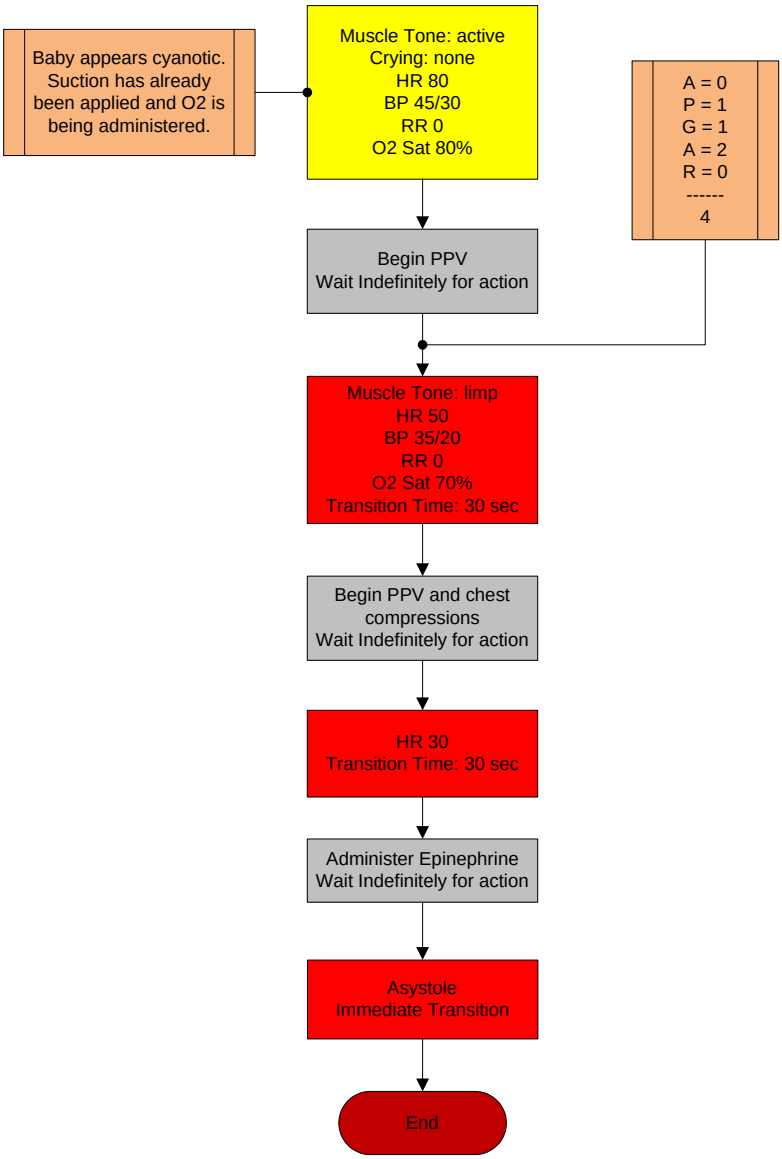
This baby was born through a C-Section and is responsive but needs some attention, after a while all vitals go to a healthy state.



Gaumard®
Simulators for Health Care Education

Newborn HAL®
Gloria's Baby

This baby is born with mild asphyxia, but no matter how good the interventions are, this disastrous intrapartum complication results in neonatal death.

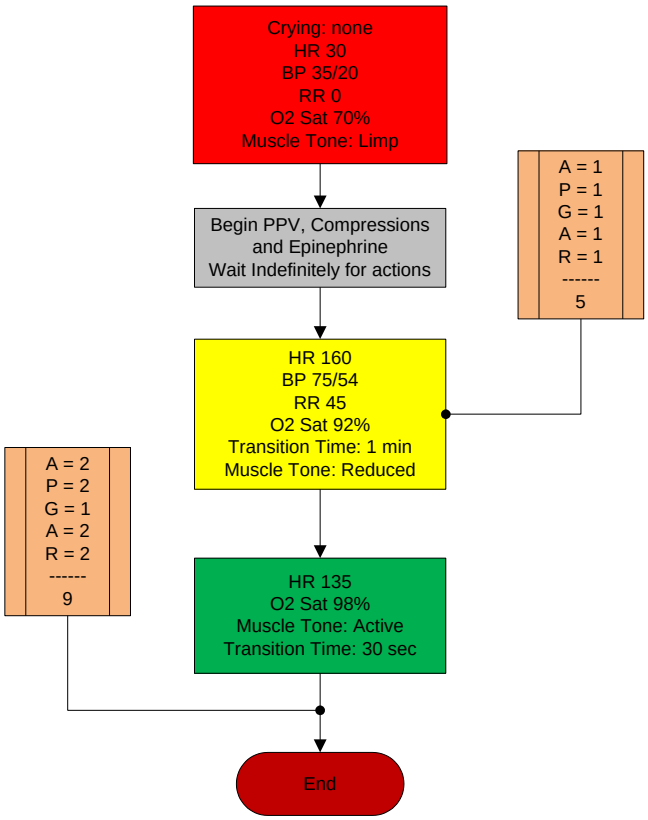


Gaumard®
Simulators for Health Care Education

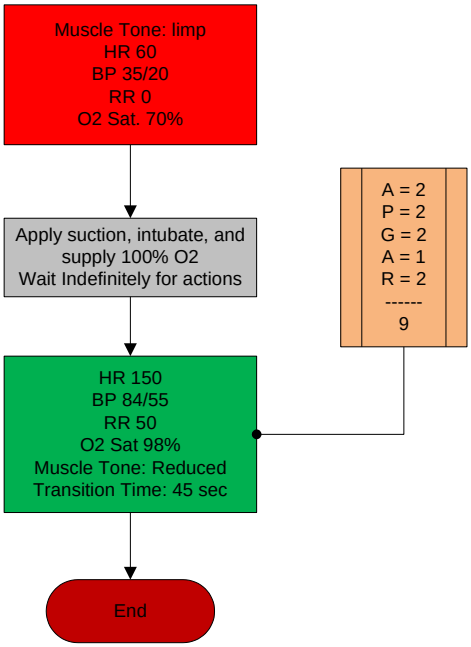
Newborn HAL®

Helen's (Irene's) Baby

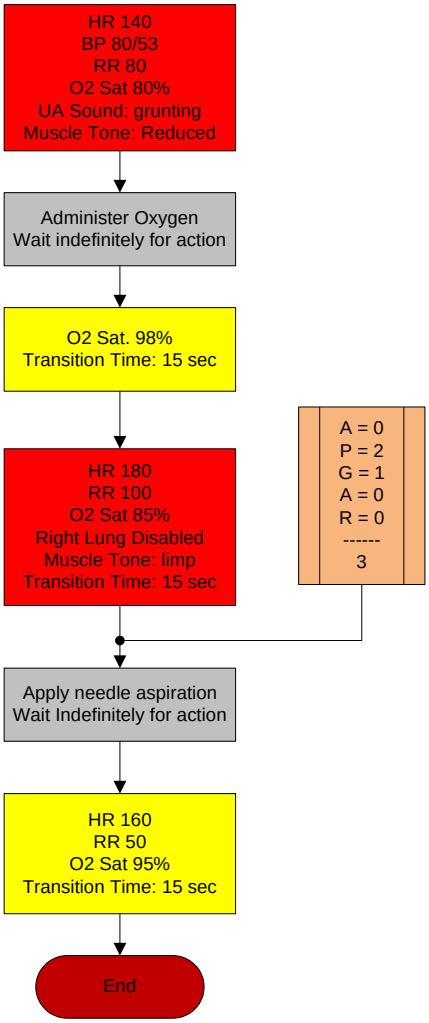
This baby is born with a severe asphyxia that has to be treated immediately. After ventilations and EPI have been given, the baby's vitals go towards a good outcome.



Gaumard® Simulators for Health Care Education	Newborn HAL® **MAS**
Meconium Aspiration Syndrome	



Gaumard® Simulators for Health Care Education	Newborn HAL® **RDS**
Newborn with mild Respiratory Distress Syndrome gets a pneumothorax after oxygen is given.	

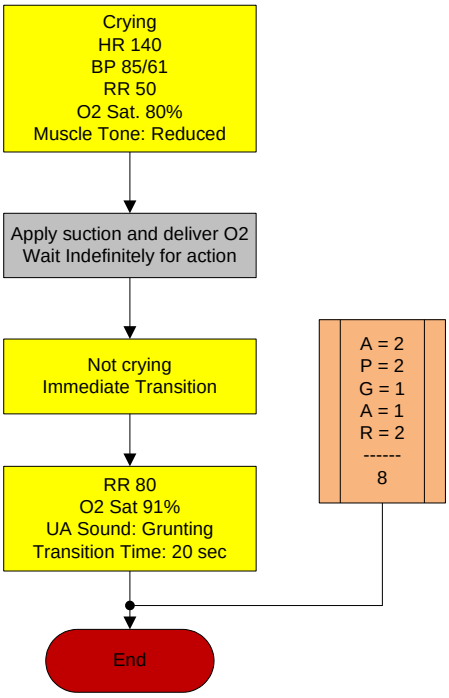


Gaumard®
Simulators for Health Care Education

Newborn HAL®

TTN

Transient Tachypnea of the Newborn



Tips on Creating Scenarios

THINKING IN TERMS OF PALETTE ITEMS

As described previously, Palette items represent complete or partial groups of settings that have been stored as a single item. We learned how applying partial states will hold constant all settings that are left unspecified.

Not only does it take time to customize the palette, but a very large palette becomes difficult to navigate. So, it is desirable to minimize the number of Palette Items in each Profile. To accomplish this, an experienced facilitator tries to create items that are as generally applicable as possible and can, thus, be applied to a wide range of scenarios. The key is to only include in your Palette Items the settings that are directly related to the physiological event represented by that Palette Item.

SMART SCENARIOS

After reading the Details, Palette, and Scenarios sections of this guide, it should be clear how to build a scenario. You may have already tried building your own or modifying some of the factory presets. The following four guidelines will refine your ability to build the best possible scenarios.

1. How will the scenario begin?

The first thing to consider is the initial condition of the patient. Create a Palette Item to describe this condition. Make sure that this first step in the scenario is a complete state. That is, indicate some selection for each and every available setting on the Details page. Remember that only the settings you specify will cause a change in **NOELLE,** and all other settings will remain constant. So, by starting with a complete state, NOELLE's condition will always be the same when the scenario starts, regardless of what he was doing previously.

Likewise, the "transition duration" of the first step in the scenario should be zero, indicating that changes are applied immediately.

There is one point that can cause confusion and warrants further explanation. It is an extension of the above discussion of partial states. The issue is best illustrated through the following example:

> Suppose that you are creating a Palette Item to start your scenario. In this case, you have decided that the patient will be apneic. The question is, "How should the lung sounds be set?"
>
> Most people's first inclination is to set the lung sounds to "none." This is incorrect, despite apnea. Obviously, no lung sounds should be heard during apnea, but since you have already set respiratory rate to zero, none will be. (Sounds are synchronized to the breathing cycle.)
>
> What you are really setting here when you choose a lung sound is the condition of the lungs, given respiratory drive. That is, if the patient's respiratory rate were changed from zero, what sound would be heard? Assuming that the lungs themselves are normal in this scenario, you would choose "normal" for the lung sound setting.
>
> Then, as the scenario progresses, if the patient starts breathing, there will be no need to set the lung sound again. It will already be set. The same principle applies to the heart sound and other settings.

2. Include notes to guide the facilitator during the simulation.

It is common for scenario designers, especially those who act as facilitators, to neglect the importance of notes in the scenario. They think that they will remember the learning objectives, patient history, and other details at the time they are ready to conduct the simulation. They usually don't, especially when revisiting a scenario months after creating it.

When you add "Wait" and "Wait Indefinitely" steps to a scenario, you have an opportunity to edit the item description. Use this description field to hold notes to the facilitator. Typically, scenario designers put notes there to indicate what the provider(s) or facilitator should be doing at that point.

Further, when saving the scenario, you may edit the scenario description. This is the best place to put patient history and any other longer notes and instructions.

3. Assume that providers will do the right thing.

Usually, you should create a scenario with the assumption that the providers will perform correctly. As long as they do, the scenario can simply be allowed to continue.

Naturally, you must be prepared for what might happen to NOELLE when providers deviate from expectations. The consequences of such deviations can sometimes be included in the scenario, punctuated by "Wait Indefinitely" items. In other cases, the simulation will require more direct control by the facilitator via either the Palette or Details page.

4. Choose auto-response settings based on the scenario content and the objectives.

As you've seen, auto-responses can be used to free the facilitators attention. They also enhance realism by presenting instant reactions to the care providers. On the other hand, sometimes it is not possible or desirable to determine the responses before the simulation begins. Different environments and applications call for different settings.

Loosely structured teaching and practice is usually best done with the auto-response settings in Prompt mode. Responses must be triggered by a vigilant facilitator. Though it is slower and requires more attention, the benefit of Prompt over other modes is that the simulation can be allowed to go in any direction, and it will be possible to choose the response on a case-by-case basis.

Tightly structured teaching and assessment requires a higher degree of automation. For such applications, most facilitators choose Auto mode for the auto-response settings. The key issue is standardized timing of symptom presentation. A consistent, repeatable simulation is essential for fair assessment of that care provider in relation to others and for the broader interpretation of results in the context of training validation studies.

When in doubt, it is best to choose *Prompt* mode, in which the facilitator will be given direct control of the responses as events are detected.

.

Troubleshooting

General Troubleshooting Guide

Use the following table to find causes and solutions to a number of possible problems.

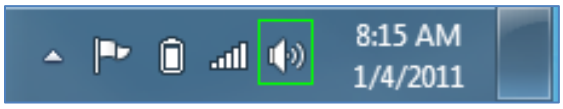
Symptom	Possible Cause	Solution
Communication never gets established or is lost (**blinking communication indicator is consistently red**)	Battery is discharged	If NOELLE's backup battery is completely discharged, connect the charger and wait 20 minutes to power on the simulator. Leave the simulator connected while in use. ▪ NOELLE should always be plugged in while being operated. The birth mechanism is power intensive and will drain the battery quickly. ▪ Newborn must be plugged in to the charger during use.
	Communication Module is not detected.	Perform a full shutdown of the tablet.
	Disconnected power plug	NOELLE's internal battery is used for transportation. Always use NOELLE connected to the charger.
	Communication module RJ-45 Cable is not connected to the simulator.	Both simulators operate using a wired connection. Connect the wired communication module to the simulator and restart GaumardUI.
	All others	Close the GaumardUI software and unplug the USB communication module for at least 5 seconds, then plug it back in. Restart the software and wait for initialization
Sound quality while streaming is poor.	Sound is too low or too loud.	Sound volume at PC side is managed from PC's volume control. Simulator sound volume is managed from PC's Microphone gain control. Adjust microphone gain until simulator voice level equals user's voice intensity. Always talk as close as possible to the microphone in order to improve quality. Using a headset is recommended.
	Respiration and other undesirable sounds are heard by instructor.	Since simulator's microphone has high sensitivity in order to capture the voice of providers, it also captures all surrounded noises on or around the simulator. This is normal and it is not a malfunction.
	Simulator is set to "Generic" "Setup/Options/Environment" menu.	Make sure to select multiple simulator environment (Setup→Options→Environment tab), and enter the Serial Number of the simulator you are using. **Warning**: **Streaming audio is disabled in "generic mode" simulator is checked.**
Streaming audio does not work, tab is not displayed.	The backup battery on the simulator is depleted	Plug charger into the simulator. Verify LED light on charger indicates "charging" status. ▪ NOELLE should always be plugged in while being operated. The birth mechanism is power intensive and will drain the backup battery quickly. ▪ Reconnect Newborn to the charger.
GaumardUI has set the power mode to STAND-BY automatically	Wired communication module is not connected	Connect the communication module to any USB port.
"Wired communication module not found" message is displayed when GaumardUI is started	Wired communication is module not identified by the computer	Close the software and try disconnecting the communication module for at least five seconds, then plug it back in and restart the software
	Drivers not properly loaded	Perform a full shutdown procedure on the tablet.
	Is the communication indicator panel consistently yellow?	See solution above in section making reference to "**blinking communication indicator is consistently yellow"**
Chest compressions are not properly detected or not detected at all	Is the respiratory rate set to "0 / min"? Chest compressions are only detected when the respiratory rate is set to 0 per minute (0 / min).	Set respiration rate to zero

Symptom	Possible Cause	Solution
	Otherwise they are ignored	
	Simulator is not connected	Verify connection to the simulator.
	All others	See “Calibration Wizard” section inside User’s Manual
Newborn artificial ventilations are not properly detected or not detected at all	Simulator is not connected	Verify connection to the simulator.
	All others	See “Calibration Wizard” section inside User’s Manual
	Simulator not running	Simulator must be powered on and respiratory rate set at 0.
Newborn simulator’s chest does not rise with artificial ventilation (e.g. BVM)	Incorrect respiratory settings	Respiration rate and inspiration percentage must be higher than “0”. If problem persist, shut down the simulator and restart the tablet. Turn on the system then verify connection, battery and lung settings.
Newborn’s Low chest rise (or no chest rise at all) while breathing	Wrong force sensor reading	When baby is pulled with more than 35 lbs. of force, to avoid damage, the baby is released. If user is not pulling the baby it means that “Force Sensor” is offset. See the “Calibration Wizard” section inside User’s Manual and reset the force sensor to its default value (“Reset to Default Force” button)
NOELLE®’s delivery baby is disengaged prematurely	Wrong force sensor reading	Try manual “Release” from button located on the left hand site corner under “Delivery” tab. If baby releases, then calibrate “Force Sensor”. See the “Calibration Wizard” section inside User’s Manual and reset the force sensor to its default value (“Reset to Default Force” button)
NOELLE®’s delivery baby does not release at delivery end when user is pulling the baby	Dystocia is “ON”	When “Dystocia On” button is checked, the baby is not released until checking “Dystocia Off”
	Motor is “disoriented”	Reset the delivery motor by going to “Setup/Options/” menu, “NOELLE Features” tab, and then click on “Labor Motor” under “Reset…” tab. If delivery mechanism is at the very beginning in a way that it is compressing the rubber boots, the grinding noise won’t go away for a minute or so. Should that be the case either let it go (it won’t break) or simply move motor forward a few turns, and then reset.
	Initial fetus position was not specified on the software.	Lock the baby into the birthing mechanism and manually turn the baby to either ROA, LOA, LOP and ROP. Then synchronize the baby’s position in the womb with the labor position icon located on the labor tab, page 101.
NOELLE®’s delivery mechanism doesn’t come to its initial position when using the “Reset” button under the “Labor” tab, or it makes a grinding noise when reaching the end of the rails		Select “Quick Start Scenarios” when starting the software. To change profiles from within the GaumardUI. Go to “File/Profile” menu and then select “Modeled Scenarios”
Pre-built scenarios do cannot be loaded	Volume not set to user’s criterion.	Every sound has a volume control. Adjust the volume control located on the status panel to reach the desired level.
A sound is absent or is not heard at desired volume level	Cyanosis intensity not set to user’s criterion.	Set Cyanosis level to a desired level by playing with the “Set Max cyanosis level” control.

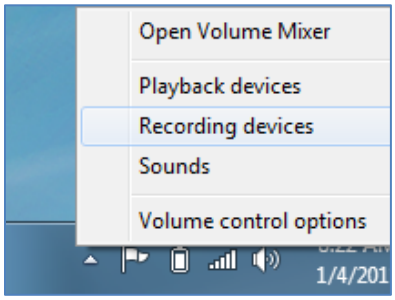
Microphone Boost (Windows® 7)

Use the instructions below to increase the streaming audio volume. The Headset must be connected to the tablet in order to adjust the microphone volume properties. In addition, adjust the recording control on the headset's physical control to high.

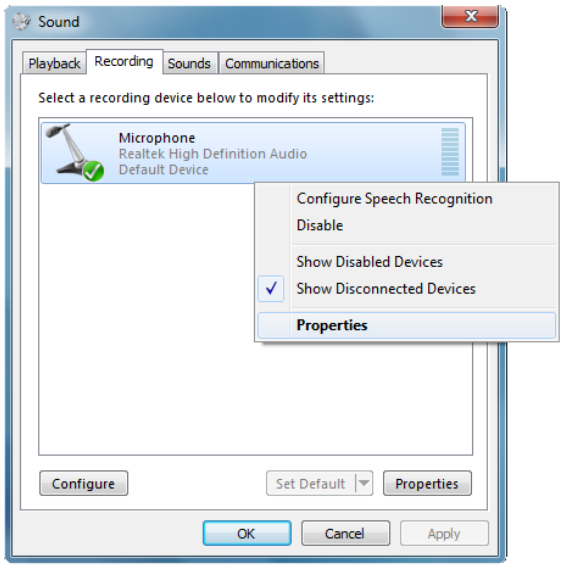
1. Right click on the speaker icon located on the bottom right corner of the laptop's taskbar.



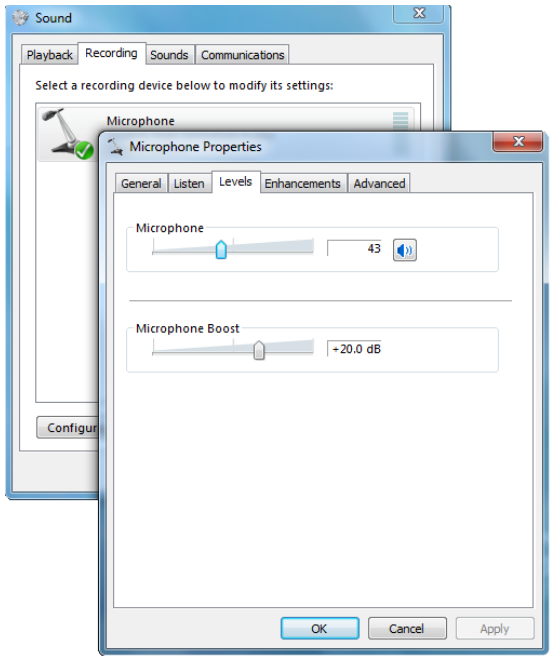
2. The speaker menu is displayed. Click on the recording devices option.



3. The sound properties window and recording tab are displayed. Right-click the microphone option and select properties.



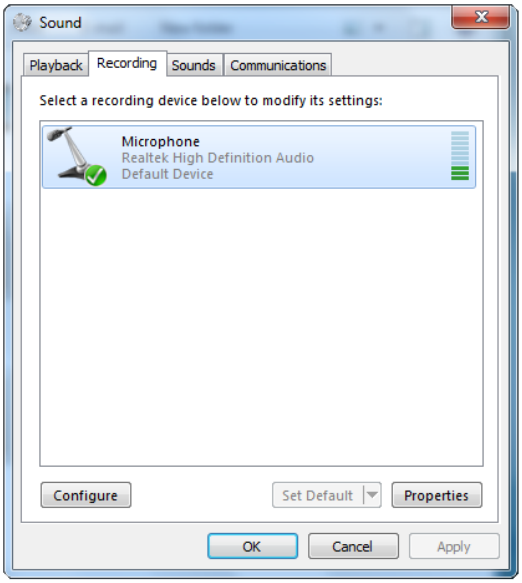
4. From the microphone properties sub menu, select the Levels tab. Use the microphone control to decrease and increase the recording volume. For an additional increase in recording volume, use the microphone boost control.



Microphone boost increases volume and saturation which can decrease overall clarity. For optimal clarity, adjust the microphone volume to 100 and the microphone boost to +10.

5. Click OK to save the changes to the volumes on the microphone properties menu.

6. Click OK to close the Sound properties window.



7. It might be necessary to re-adjust the microphone settings to accommodate environment noise.

Connecting to the Gaumard Monitors

To establish a connection between the Gaumard Virtual Monitor software and GaumardUI, both computers must be connected to the same network **ad-hoc network**. The section below describes in detail how to configure the ad-hoc wireless settings and establish a connection between the Gaumard computer systems. Follow the guide when troubleshooting connection issues.

Vital sign information is sent and updated from the GaumardUI software via Wi-Fi ad-hoc network connection, and not from the simulator or the RF communication module.

PROCEDURE OVERVIEW FOR EACH COMPUTER

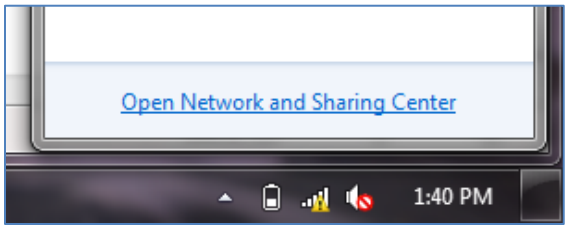
- Configuring Static IP addresses
- Configuring the Network SSID name
- Verifying the ad-hoc connection

CONFIGURING THE COMPUTER STATIC IP

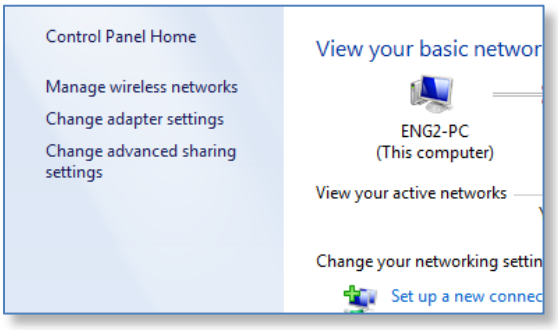
Perform the steps below to assign a static IP addresses to the Gaumard Virtual Monitor computer and the GaumardUI tablet. Please note that each computer requires a unique static IP address.

1. Locate the **wireless connection icon** on the bottom right corner of the computer screen.

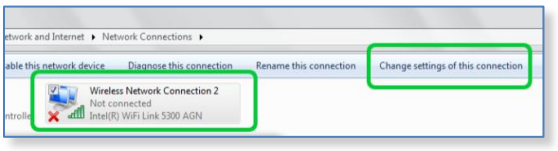
2. Click the wireless icon and select **Open Network and Sharing Center** from the options on the menu.



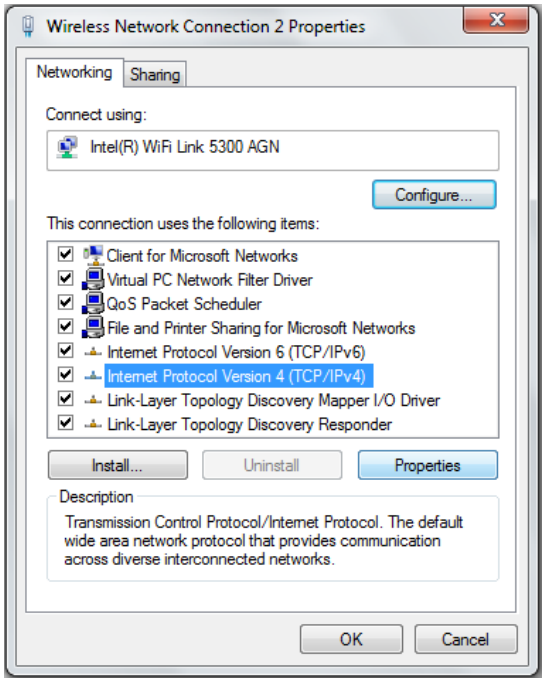
3. In the **Network and Sharing Center** window, click **Change adapter settings** from the left-hand panel.



4. Click on the **Wireless Network Connection** icon to select it, and then click **Change settings of this connection** on the menu panel. The Properties window for the connection will be shown.

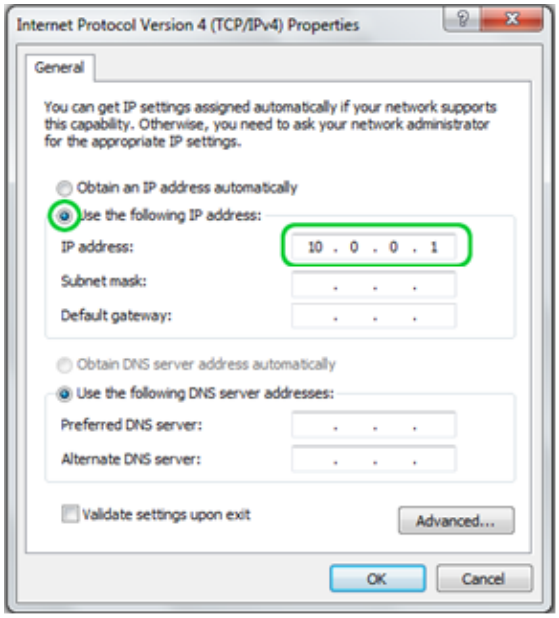


5. Select **Internet Protocol Version 4 (TCP/IPv4)** to highlight it, and click Properties.



6. Configure both computers with static IP addresses and subnet masks following the IP address convention below. Each computer in the ad-hoc network must be configured with the same first three octets and only differ on the last.

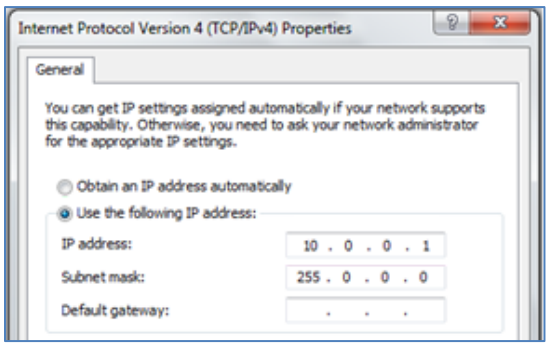
Computer	IP address	Subnet Mask	SSID Network Name
Tablet 1 NOELLE	1.0.0.**1**	255.0.0.0	GaumardNet
Tablet 2 Newborn HAL	1.0.0.**2**	255.0.0.0	GaumardNet
Virtual Monitor Computer	1.0.0.**3**	255.0.0.0	GaumardNet


Internet Protocol Version 4 (TCP/IPv4) Properties
General
You can get IP settings assigned automatically if your network supports this capability. Otherwise, you need to ask your network administrator for the appropriate IP settings.
Obtain an IP address automatically
Use the following IP address:
IP address:
10 . 0 . 0 . 1
Subnet mask:
Default gateway:
Obtain DNS server address automatically
Use the following DNS server addresses:
Preferred DNS server:
Alternate DNS server:
Validate settings upon exit
Advanced...
OK
Cancel

Example of IP addresses that will NOT communicate with each other:

Tablet 1 - 1.0.**10**.1 VM Computer - 1.0.**0**.3
Tablet 1 - **50**.0.10.1 VM Computer - **1**.0.10.3
Tablet 1 - 10.10.10.**1** VM Computer - 10.10.10.**1**

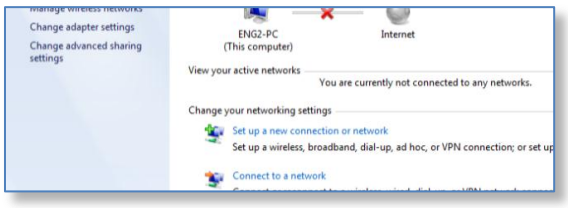
7. Click once in the **subnet mask** field to auto populate the correct address. Leave all other fields blank and click **OK** to save the changes and return to **the Network and Sharing Center** window.


Internet Protocol Version 4 (TCP/IPv4) Properties
General
You can get IP settings assigned automatically if your network supports this capability. Otherwise, you need to ask your network administrator for the appropriate IP settings.
Obtain an IP address automatically
Use the following IP address:
IP address:
10 . 0 . 0 . 1
Subnet mask:
255 . 0 . 0 . 0
Default gateway:

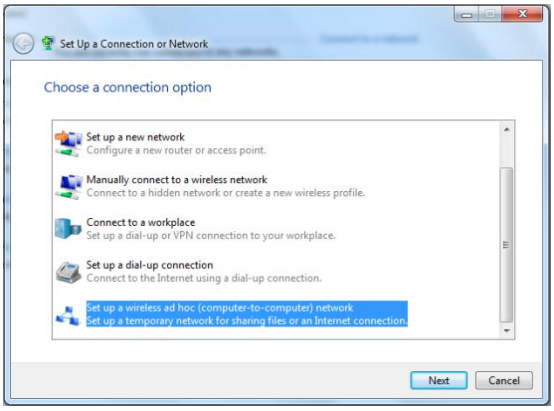
CONFIGURING THE WIRELESS AD-HOC NETWORK

After each computer is configured with a unique static IP address, follow the steps below to create the **ad-hoc wireless network**. The following steps are performed identically on the GaumardUI tablet and the virtual monitor computer.

1. On Network and Sharing Center and select **Set up a new connection or network**.


Change adapter settings
Change advanced sharing settings
ENG2-PC
(This computer)
Internet
View your active networks
You are currently not connected to any networks.
Change your networking settings
Set up a new connection or network
Set up a wireless, broadband, dial-up, ad hoc, or VPN connection; or set up
Connect to a network

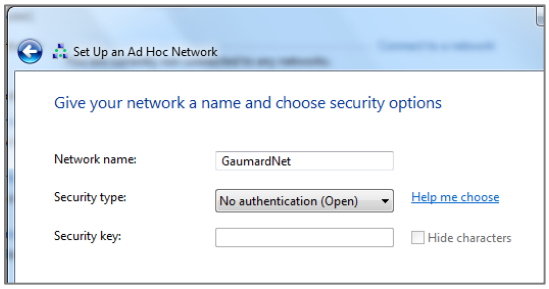
2. Select **Set up a wireless ad hoc (computer-to-computer) network** and click **Next** to continue.


Set Up a Connection or Network
Choose a connection option
Set up a new network
Configure a new router or access point.
Manually connect to a wireless network
Connect to a hidden network or create a new wireless profile.
Connect to a workplace
Set up a dial-up or VPN connection to your workplace.
Set up a dial-up connection
Connect to the Internet using a dial-up connection.
Set up a wireless ad hoc (computer-to-computer) network
Set up a temporary network for sharing files or an Internet connection.
Next
Cancel

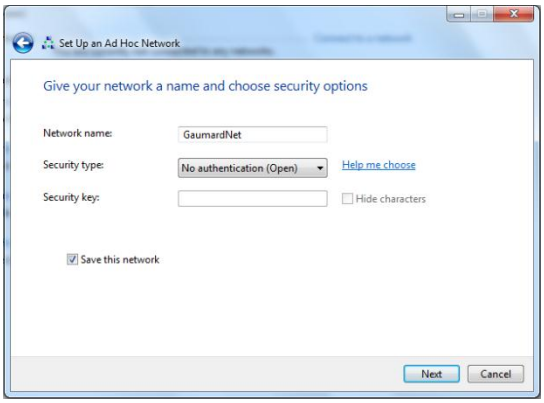
3. The next screen provides some information about the ad hoc connection, click **Next.**

Set Up an Ad Hoc Network
Set up a wireless ad hoc network
An ad hoc network (sometimes called a computer-to-computer network) is a temporary network used for sharing files, presentations, or an Internet connection among multiple computers and devices.
Computers and devices in ad hoc networks must be within 30 feet of each other.
If you're currently connected to a wireless network, you might be disconnected when you set up this network.
Next
Cancel

1. In the **Network name (SSID)** field, type **GaumardNet**. Network names are **case-sensitive** and must be typed identically on all the computers that will belong to this ad-hoc network.

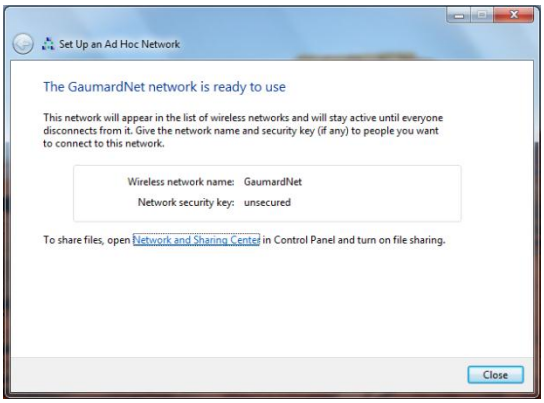


2. Ensure the security type is **No authentication**. Checkmark **Save this network**, then click **Next**.



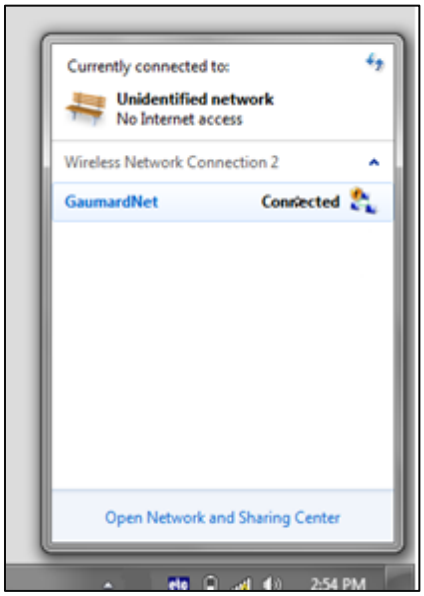
If the system warns of another network with the same name, simply power down any other computer configured with the same network name during this step and try again.

4. Windows® will advise if the network is successfully completed by displaying a ready message and a summary of the network's properties. Click "Close" and restart the computer.


Set Up an Ad Hoc Network
The GaumardNet network is ready to use
This network will appear in the list of wireless networks and will stay active until everyone disconnects from it. Give the network name and security key (if any) to people you want to connect to this network.
Wireless network name: GaumardNet
Network security key: unsecured
To share files, open Network and Sharing Center in Control Panel and turn on file sharing.
Close

VERIFYING THE AD-HOC WIRELESS CONNECTION

Window 7 systems do not automatically connect at startup. To establish a connection to the ad-hoc wireless network, navigate to the wireless icon located at the bottom right corner of the screen, select the ad-hoc network name and click connect. Because the computers are connecting to each other, both systems must be powered on

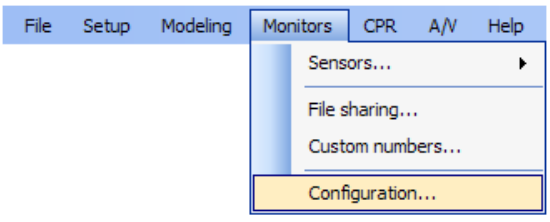


CONNECTING GAUMARDUI TO THE GAUMARD MONITORS SOFTWARE

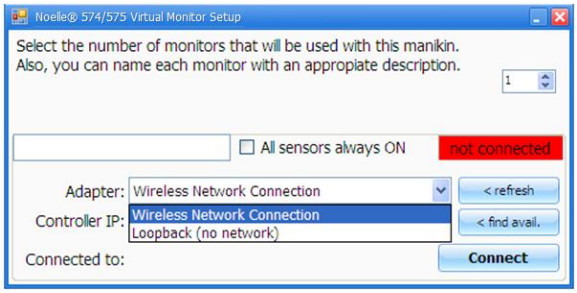
GaumardUI sends all the vital signs information to the Gaumard Monitor software **over** the wireless ad-hoc connection configured in the previous section. Follow the guide below to establish the connection between the programs.

CAUTION: To avoid connection issues, always establish the ad-hoc wireless connection between the computers before activating the GaumardUI and Gaumard Monitors program.

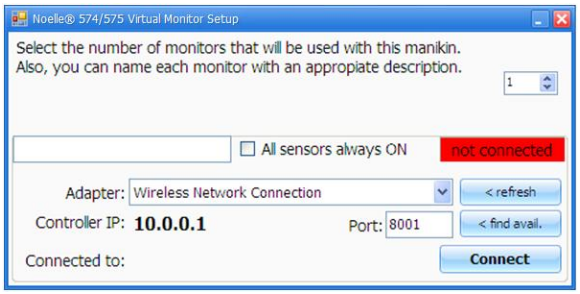
1. On the tablet computer, start the **GaumardUI** software and navigate to **Monitors>Configuration**.



2. In the **NOELLE® Virtual Monitor Setup** window, access the **Adapter** dropdown menu and select **Wireless Network Connection**. If the adapter is inaccessible, click the stop button first.



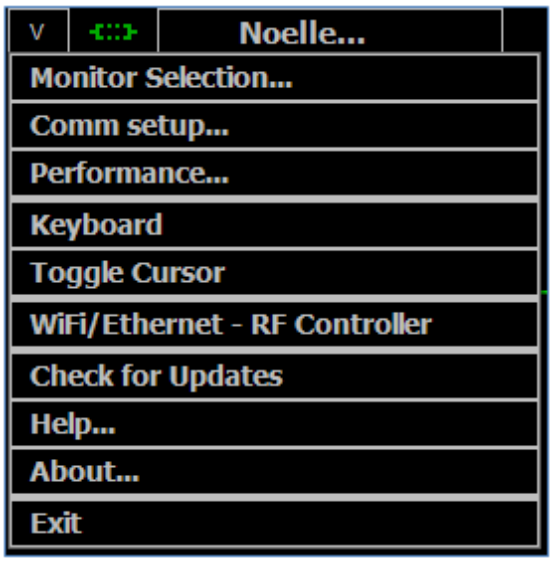
3. The controller IP shown is the static IP address previously configured.



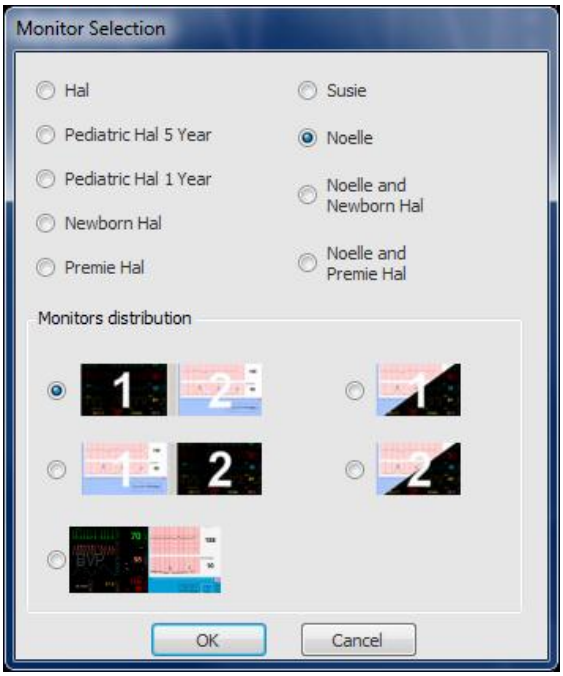
4. Click **Connect** and take note of the controller IP address and port number. This information will be used on the following steps. The status icon will read **connecting** until the Gaumard Monitor software is configured.

5. Activate the Gaumard Monitors software on the Virtual monitor computer.

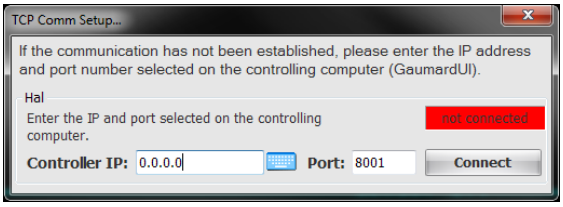
6. Click on the menu labeled **V** located on the upper left corner and click **Monitor Selection.**



7. From the **Monitor Selection** menu, select the applicable simulator screen and click **OK** to save the settings.

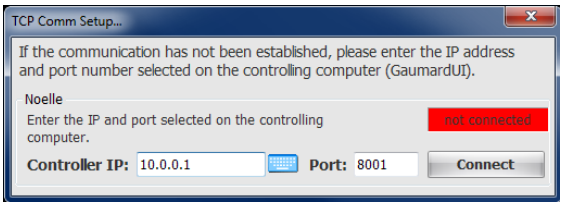


8. Return to the **V** menu and select **Comm… setup** option to access the **TCP Comm Setup…** window.

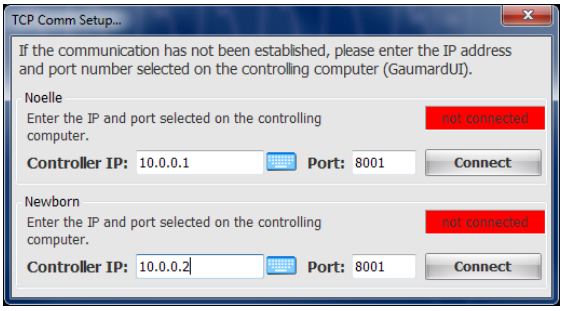

TCP Comm Setup...
If the communication has not been established, please enter the IP address and port number selected on the controlling computer (GaumardUI).
Hal
Enter the IP and port selected on the controlling computer.
not connected
Controller IP: 0.0.0.0
Port: 8001
Connect

9. Input the **Controller IP** address and **port number** as previously noted on GaumardUI's **Virtual Monitor Setup** window.

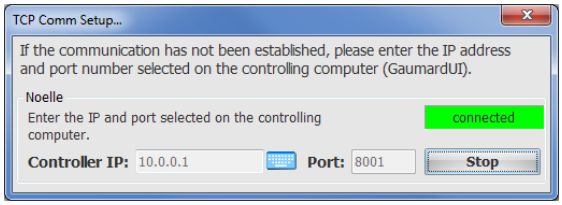
Monitor selection - NOELLE


TCP Comm Setup...
If the communication has not been established, please enter the IP address and port number selected on the controlling computer (GaumardUI).
Noelle
Enter the IP and port selected on the controlling computer.
not connected
Controller IP: 10.0.0.1
Port: 8001
Connect

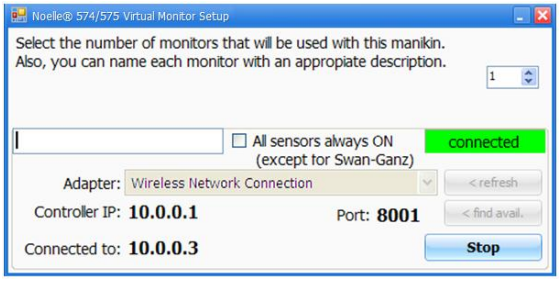
Monitor Selection – NOELLE and Newborn HAL


TCP Comm Setup...
If the communication has not been established, please enter the IP address and port number selected on the controlling computer (GaumardUI).
Noelle
Enter the IP and port selected on the controlling computer.
not connected
Controller IP: 10.0.0.1
Port: 8001
Connect
Newborn
Enter the IP and port selected on the controlling computer.
not connected
Controller IP: 10.0.0.2
Port: 8001
Connect

10. Click **Connect** to finalize the connection.

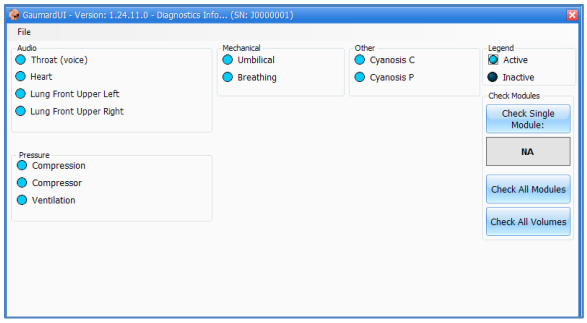

TCP Comm Setup...
If the communication has not been established, please enter the IP address and port number selected on the controlling computer (GaumardUI).
Noelle
Enter the IP and port selected on the controlling computer.
connected
Controller IP: 10.0.0.1
Port: 8001
Stop

11. On GaumardUI's **Virtual Monitor Setup** window the connection status will also display connected.


Noelle® 574/575 Virtual Monitor Setup
Select the number of monitors that will be used with this manikin.
Also, you can name each monitor with an appropiate description.
1
All sensors always ON (except for Swan-Ganz)
connected
Adapter: Wireless Network Connection
< refresh
Controller IP: 10.0.0.1
Port: 8001
< find avail.
Connected to: 10.0.0.3
Stop

Diagnostics

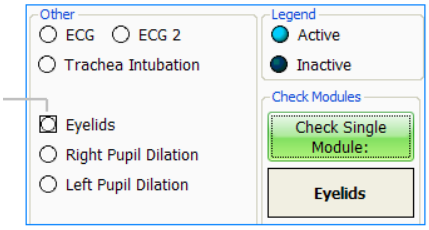
The Diagnostics window can be accessed by going to the Help menu and selecting "Diagnostics". This window is very useful for troubleshooting because it gives the user feedback on all of the working modules inside the simulator. The user can click on the button that says "Check All Modules" and the software checks which modules are responding.



Also check individual modules by clicking on the module to highlight. Notice that the name of the module is displayed on the right column.

Now click on the "Check Single Module" button:

Module selected



Active modules report light blue, and inactive modules report black. If there is a specific module that fails to respond please contact customer support (ensure that the module that is unresponsive is not specific to an Add-On feature that is not installed on your simulator).

Selected Consumables and Replacements Parts

Selected Parts List

Contact Gaumard Scientific for a **complete list** of consumables and replacement parts and their prices. C=Consumables; R=Replacements; A=Accessories; U=Upgrades; M = Factory Repair ONLY

Item ID	Name	Type	Description
S555.100.001.R2	A/C Virtual Monitor	R	All in one computer
S555.100.004L.D	Lower Left Arm Skin Cover	M	Lower left arm skin cover
S555.100.004L.L	Lower Left Arm Skin Cover	M	Lower left arm skin cover
S555.100.004L.M	Lower Left Arm Skin Cover	M	Lower left arm skin cover
S555.100.004R.D	Lower Right Arm Skin Cover	M	Lower right arm skin cover
S555.100.004R.L	Lower Right Arm Skin Cover	M	Lower right arm skin cover
S555.100.004R.M	Lower Right Arm Skin Cover	M	Lower right arm skin cover
S555.100.007.D	C-Section Abdominal Cover	C	NOELLE stomach cover for C-Section Exercises, dark color
S555.100.007.L	C-Section Abdominal Cover	C	NOELLE stomach cover for C-Section Exercises, light color
S555.100.007.M	C-Section Abdominal Cover	C	NOELLE stomach cover for C-Section Exercises, medium color
S555.100.008.R2.D	Abdominal Cover	R	NOELLE stomach cover with foam insert, dark color
S555.100.008.R2.L	Abdominal Cover	R	NOELLE stomach cover with foam insert, light color
S555.100.008.R2.M	Abdominal Cover	R	NOELLE stomach cover with foam insert, medium color
S555.100.010	Battery	M	Rechargeable battery
S555.100.011	Battery Charger	R	Battery charger with label
S555.100.013	Birthing Mechanism	R	Automatic Birthing Mechanism
S555.100.016.D	Birth canal	C	Dark color
S555.100.016.L	Birth canal	C	light color
S555.100.016.M	Birth canal	C	Medium color
S555.100.032	Automatic Boggy Uterus	R	Boggy Uterus for **automatic** PPH
S555.100.033	Episiotomy Trainer Set	R	Episiotomy Trainer set with vulva insert
S555.100.040.D	Articulating baby	R	Articulating birthing fetus
S555.100.040.L	Articulating baby	R	Articulating birthing fetus
S555.100.040.M	Articulating baby	R	Articulating birthing fetus

Item ID	Name	Type	Description
S555.100.048	Adult IV Filling Kit	A	Fluid dispensing syringe with filling tube
S555.100.060	Simulator Transport Case	R	Soft storage and transport case with wheels
S555.100.062	Shipping Cardboard Box	R	Box dimensions 60"x20"x30" for simulators with soft case
S555.100.080	Simulated Blood Concentrate	C	
S555.100.081	Silicone Oil	R	Oil-based Silicone lubricant
S555.100.087	Wireless Streaming Audio Headset	R	
S555.100.207	Laptop PC	R	GUI Software included
S555.100.310	Wireless keypads	R	Extra pack of five wireless keypads
S555.100.EXW	Two Year Extended Warranty	A	Extended warranty for years Two **AND** Three
S555.100.INST	In-Service Training	A	Day of in-service training and installation

Replacing Common Consumable and Replacement Parts

BIRTH CANAL

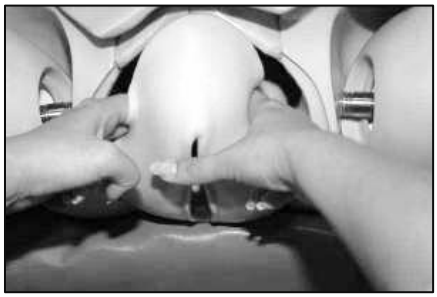
Follow the instructions below to replace the birth canal. You may also use the steps below in case the birth canal has to be removed temporarily to adapt the episiotomy kit.

REMOVE BIRTH CANAL

1. Insert your left hand at the 9 o'clock position, between the lower torso and the birth canal insert. Slowly push inward.

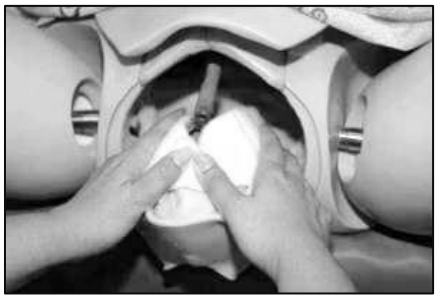
Warning:
Do not pull the birth canal to remove.

2. Repeat instructions in step 1 with right hand at the 3 o'clock position.



3. Push inward on the birth canal insert. Then place your thumbs on the top of the birth canal insert and push downward.

4. Slowly pull the birth canal insert towards you. When the urine catheter tube is visible, detach from the birth canal insert.



5. Finally, after removing the urine catheter tube, gently remove the birth canal insert.

ATTACH THE BIRTH CANAL

1. Place birth canal insert into polythene bag and ensure the bag covers the Velcro on the outer wall of the insert as shown in picture.

2. While first inserting the plastic bag through the birth canal opening on the mannequin, gently position the birth canal insert with the approximate final alignment to the opening.

3. Push the birth canal insert into position. Place your hands on the lower half of the insert with your fingers holding the bag in place. Steady the front of the insert with your thumbs. Without removing the plastic, orient the birth canal insert so that it is properly aligned with the opening on the lower torso of the mannequin.

4. Gently begin to remove the polythene bag with one hand while holding the insert in place with the other, as pictured below. It is easier to start at the top, then work down the sides towards the bottom.

5. Place one hand towards the bottom of the birth canal insert when pulling out the bottom portion of the polythene bag.

6. With the birth canal insert in place, pull the post-partum hemorrhage tube through the hole in the bottom of the birth canal insert as shown in the picture. This is to position the hemorrhage tube in the correct location. The birth canal insert is now ready for normal use.

Warranty

EXCLUSIVE ONE-YEAR LIMITED WARRANTY

Gaumard warrants that if the accompanying Gaumard product proves to be defective in material or workmanship within one year from the date on which the product is shipped from Gaumard to the customer, Gaumard will, at Gaumard's option, repair or replace the Gaumard product.

This limited warranty covers all defects in material and workmanship in the Gaumard product, except:

1. Damage resulting from accident, misuse, abuse, neglect, or unintended use of the Gaumard product;
2. Damage resulting from failure to properly maintain the Gaumard product in accordance with Gaumard product instructions, including failure to property clean the Gaumard product; and
3. Damage resulting from a repair or attempted repair of the Gaumard product by anyone other than Gaumard or a Gaumard representative.

This one-year limited warranty is the sole and exclusive warranty provided by Gaumard for the accompanying Gaumard product, and Gaumard hereby explicitly disclaims the implied warranties of merchantability, satisfactory quality, and fitness for a particular purpose. Except for the limited obligations specifically set forth in this one-year limited warranty, Gaumard will not be liable for any direct, indirect, special, incidental, or consequential damages, whether based on contract, tort, or any other legal theory regardless of whether Gaumard has been advised of the possibilities of such damages. Some jurisdictions do not allow disclaimers of implied warranties or the exclusion or limitation of consequential damages, so the above disclaimers and exclusions may not apply and the first purchaser may have other legal rights.

This limited warranty applies only to the first purchaser of the product and is not transferable. Any subsequent purchasers or users of the product acquire the product "as is" and this limited warranty does not apply.

This limited warranty applies only to the products manufactured and produced by Gaumard. This limited warranty does not apply to any products provided along with the Gaumard product that are manufactured by third-parties. For example, third-party products such as computers (desktop, laptop, tablet, or handheld) and monitors (standard or touch-screen) are not covered by this limited warranty. Gaumard does not provide any warranty, express or implied, with respect to any third-party products. Defects in third-party products are covered exclusively by the warranty, if any, provided by the third-party.

Any waiver or amendment of this warranty must be in writing and signed by an officer of Gaumard.

In the event of a perceived defect in material or workmanship of the Gaumard product, the first purchaser must:

1. Contact Gaumard and request authorization to return the Gaumard product. Do NOT return the Gaumard product to Gaumard without prior authorization.
2. Upon receiving authorization from Gaumard, send the Gaumard product along with copies of (1) the original bill of sale or receipt and (2) this limited warranty document to Gaumard at 14700 SW 136 Street, Miami, FL, 33196-5691 USA.
3. If the necessary repairs to the Gaumard product are covered by this limited warranty, then the first purchaser will pay only the incidental expenses associated with the repair, including any shipping, handling, and related costs for sending the product to Gaumard and for sending the product back to the first purchaser. However, if the repairs are not covered by this limited warranty, then the first purchaser will be liable for all repair costs in addition to costs of shipping and handling.

EXTENDED WARRANTY

In addition to the standard one year of coverage, the following support plans are available:

- Two-Year Extension (covers second and third years)
- Call for pricing (USA only)

Contact Us

E-mail Technical Support: support@gaumard.com
E-mail Sales and Customer Service:sales@gaumard.com
Phone:
Toll-free in the USA: (800) 882-6655
Worldwide: 01 (305) 971-3790
Fax: (305) 667-6085

Before contacting Tech Support **you must**:

1. Have the simulator's Serial Number (located in the left leg under the IM site)
2. Access to the simulator and the control computer if troubleshooting is needed.

Post: Gaumard Scientific
14700 SW 136 Street
Miami, FL 33196-5691
USA
Office hours: Monday-Friday, 8:30am - 4:30pm EST (GMT -4 Summer Time)

© Gaumard Scientific Company, 2012
All rights reserved.
Gaumard®, NOELLE®, HAL® are trademarks of Gaumard Scientific Company, Inc.
Patented; Other Patents Pending

Always dispose of this product and its components in compliance with local laws and regulations.